World Health Organization

WHO INDEPENDENT HIGH-LEVEL COMMISSION ON NONCOMMUNICABLE DISEASES

Final Report

"It's time to walk the talk"

SUSTAINABLE DEVELOPMENT GOALS

The WHO Independent High-level Commission on NCDs came together as a diverse group of individuals from various backgrounds, experiences and continents. Discussions took place in an atmosphere of mutual respect, with each of the Commissioners recognizing that the world community as a whole, and each Commissioner, shares a stake in this subject, and that the world can and must do better. Even if the Commissioners did not agree on every detail of this report. the Commission reached broad consensus on most aspects. And most importantly, the Commission was unanimous on the need to act, and to act now.

Where Commissioners could not agree, the Co-Chairs correctly reflected this disagreement in the final report with a footnote. This report does, therefore, not represent an official position of the World Health Organization, the Commission, or Commissioners. It is a tool to explore the views of interested parties on the subject matter. References to international partners are suggestions only and do not constitute or imply any endorsement whatsoever of this report.

World Health Organization

It's time to walk the talk: WHO independent high-level commission on noncommunicable diseases final report
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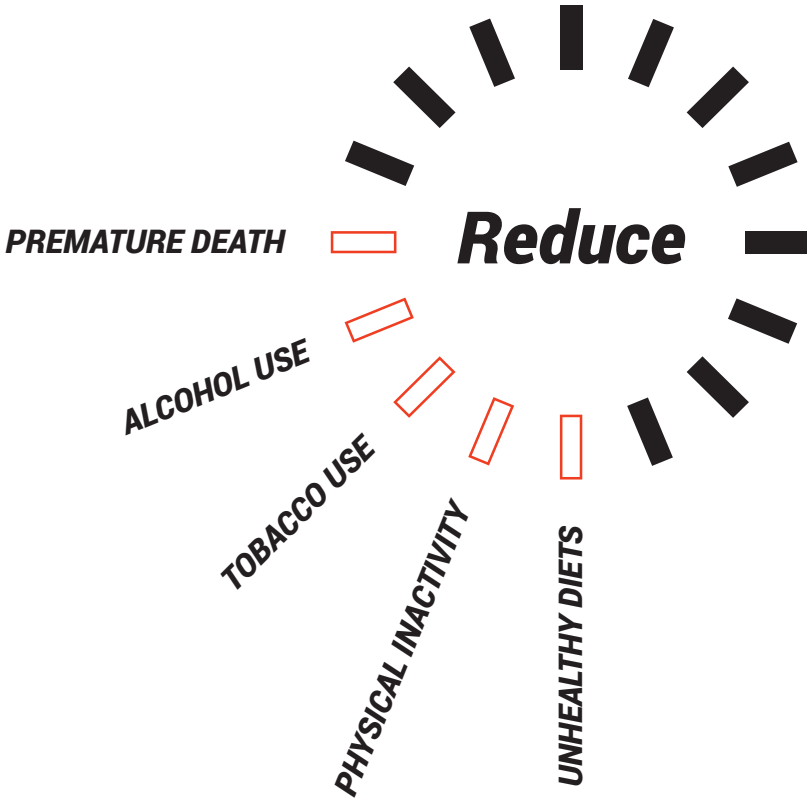
INTRODUCTION



In 2017, WHO Director-General Dr Tedros Adhanom Ghebreyesus announced the establishment of a WHO Independent High-level Commission on Noncommunicable Diseases (NCDs) as a high-level political tool to achieve the Sustainable Development Goals (SDGs) and targets by 2030. The Commission was charged with identifying innovative ways to curb the world's biggest causes of death and extend life expectancy for millions of people. In particular, it was designed to support political efforts to accelerate action on cardiovascular disease, cancers, diabetes and respiratory disease, to reduce suffering from mental health conditions, and to reduce the number of premature deaths from NCDs attributed to air pollution.

The Commission's first report, *Time to Deliver*, published in June 2018, identified seven challenges to implementation and comprised six major recommendations for Heads of State and Government, civil society, private sector, the public, and WHO.[1]

Although many proven interventions for NCDs exist, many countries are lagging behind in implementing them. The Commission identified the following challenges to implementation:

- Lack of political will, commitment, capacity, and action.
- Lack of policies and plans for NCDs.
- Difficulty in priority-setting.
- Impact of economic, commercial, and market factors.
- Insufficient (domestic and international) financing to scale up national NCD responses.
- Lack of accountability.

To overcome these challenges, the Commission made the following recommendations:

- Start from the top: Strengthen political leadership and responsibility of Heads of State and Government, not Ministers of Health only, to oversee the process of creating ownership at national level of NCD and mental health.
- Prioritize and scale up: Identify and implement a specific set of priorities within the overall NCD and mental health agenda, based on public health needs.
- Embed and expand NCDs within health systems and universal health coverage (UHC): Reorient health systems to include health promotion and the prevention and control of mental health services in UHC policies and plans, in accordance to national contexts and needs.
- Collaborate and regulate: Increase effective regulation, appropriate engagement with civil society, communities, academia and the private sector, building on a whole-of-society approach to NCDs, and share experiences and challenges, including policy models that work.

[1] Time to Deliver: report of the WHO Independent High-level Commission on Noncommunicable Diseases. Geneva: World Health Organization; 2018. License: CC BY-NC-SA 3.0.IGO.

- Finance: Develop a new economic paradigm for funding action on NCDs and mental health.

- Act for accountability: Strengthen accountability to citizens for action on NCDs.

The report was instrumental to the success of the 2018 High-level Meeting on the Prevention and Control of NCDs and the adoption of the Political Declaration[2] by the United Nations General Assembly, in which Heads of State and Government reaffirmed their previous commitments of 2011 and 2014 but also committed to scale up efforts against NCDs and mental health conditions by providing strategic leadership.[3]

This second report represents the final phase of the Commission's work. Building on the recommendations in the *Time to Deliver* report and the commitments made in the 2018 Political Declaration on NCDs, the report describes a series of possible solutions that could help with the core work of WHO in promoting and monitoring global action against NCDs.

The Commission based its work on the common understanding reached at the United Nations General Assembly in 2018 that the level of progress and investment to date is insufficient to meet target 3.4 of the Sustainable Development Goals and that the world has yet to fulfil its promise of implementing, at all levels, measures to reduce the risk of premature death and disability from NCDs.[4] The Commission remains concerned that NCDs still account for over 70% of all deaths in the age group 30-70.[5] The Commission welcomes the recent commitment made by Heads of State and Government to further strengthen efforts to address NCDs as part of UHC.[6]

At this juncture, the Commission underscores that progress against NCDs and mental health conditions must be greatly accelerated if the 2030 Agenda is to succeed and if the essential promises to "leave no one behind" and "reach the furthest behind first" are to be kept. Many countries still face significant challenges in the implementation of their commitments.

Examples include:

- In just over half of countries, commitments to establish a national multisectoral mechanism,[7] national multi-stakeholder dialogue mechanisms,[8] and a transparent national accountability mechanism[9] have not been fulfilled and have yet to implement health-in-all-policies and whole-of-government and whole-of-society approaches.

- In 3/4 of countries, commitments to implement policy, legislative, and regulatory measures aimed at minimizing the impact of the main risk factors[10] have not yet been fulfilled[11].

- Although Governments must take the lead in creating health-protecting environments through robust laws, where and when necessary based on the "health is a priority" principle,[12] the majority of countries have not fulfilled their commitment to complement policy, legislative, and regulatory measures by strengthening health literacy through education, nor have they implemented population-wide and targeted social-media campaigns that provide information to the public about risk factors for NCDs,[13] which would enable people to have greater knowledge to be able to make informed health decisions and improve health-conducive behaviours and promote healthy lifestyles.[14]

- Few countries have included NCDs and mental health conditions in their UHC benefits packages.

- Funding for NCDs and mental health conditions lags far behind what is required.

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2 United Nations General Assembly. Resolution adopted by the General Assembly on 10 October 2018. Political declaration of the third high-level meeting of the General Assembly on the prevention and control of NCDs. Resolution A/RES/73/2.

3 In accordance with paragraph 17 of A/RES/72/2.

4 In accordance with paragraph 4 of A/RES /73/2.

5 In accordance with paragraph 12.c of the 2019 UNGA Political Declaration on UHC.

6 In accordance with paragraph 33 of the 2019 UNGA Political Declaration on UHC.

7 In accordance with paragraph 30(a)(vi) of A/RES/68/300.

8 In accordance with paragraph 25 of A/RES/72/2.

9 In accordance with paragraph 45 of A/RES/73/2.

10 In accordance with paragraph 21 of A/RES/72/3.

11 See WHO NCD Progress Monitor (2017) available at https://www.who.int/nmh/publications/ncd-progress-monitor-2017/en

12 In accordance with recommendation 4.A of the first report of the Commission.

13 In accordance with paragraph 34 of A/RES/72/3.

14 In accordance with paragraph 27 of the 2019 UNGA Political Declaration on UHC.

- Limited progress has been made in securing effective and meaningful commitments, contributions, and actions from the private sector towards the attainment of SDG target 3.4, and although an increased number of private sector entities have started to, for example, produce food products consistent with a healthy diet, such products are not always broadly affordable, accessible or available in all communities and within all countries.[15]

- The impact of economic, market and commercial factors, in particular, interference by the tobacco industry, impedes a number of governments in implementing the WHO best buys and other recommended interventions for the prevention and control of NCDs.[16]

- Commitments from all non-State actors toward SDG target 3.4 are not being properly or transparently measured, tracked, evaluated, and made publicly available.

In its meeting on 28 August 2018, Commission members attending had decided on 11 focus areas for the analytical work in the second phase of the Commission. However, the WHO Director-General suggested to establish three working groups through which the Commission could deliver its work in these focus areas. The scope of the working groups were not meant to be exhaustive or prescriptive. Since the report was ultimately meant to be for the WHO Director-General, the Co-Chairs from Member States emphasized on the need to be responsive to this request. Hence, the Commission established three working groups to answer the following questions:

- Working group 1: How can WHO support countries to increase health literacy about NCDs and mental health conditions and their risk factors and promote multi-sectoral and multi-stakeholder mechanisms to accelerate national efforts towards SDG target 3.4.

- Working group 2: How can WHO support countries in making the global push in 2019 to include NCDs and mental health conditions in Universal Health Coverage benefit packages in support of national efforts towards SDG target 3.4.

- Working group 3: How can WHO strengthen its capacity to engage more effectively and meaningfully with the private sector to promote their commitments, contributions, and actions to support national NCD responses.

The recommendations below have been formulated from the background documents and discussions of the three working groups, and through deliberation and debate by the entire Commission. Consensus was sought on each recommendation. However, where consensus could not be reached, dissent is noted.

For each recommendation, context has been provided. A fuller elaboration of the background, evidence, and support for the recommendations, including case studies and detailed guidance, is available in the reports of the three working groups.

The recommendations in this report of the Commission to the WHO Director-General build on primary role and responsibility of Governments in responding to the challenge of NCDs and the essential need for the efforts and engagement of all sectors of society to generate effective responses for the prevention and control of NCDs.[17] Importantly, this includes the commitment made in 2018 by governments to promote meaningful civil society engagement[18] to work towards common results and indicators.

The recommendations in this report also underpin WHO's ongoing efforts to promote, taking into account different country contexts, the implementation of the "WHO Best Buys and other recommendations for the prevention and control of NCDs"[19] endorsed by the World Health Assembly in 2017.[20]

The Commission recognizes that many emerging issues not covered by this report may be equally important for the prevention and control of NCDs and mental health

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15 In accordance with paragraph 26 of A/RES/68/300.

16 In accordance with table 5 of report A71/14 from WHO DG to WHA71.

17 In accordance with paragraph 3 of A/RES/66/2

18 In accordance with paragraph 42 of A/RES/73/2

19 Available at https://www.who.int/ncds/management/best-buys/en/

20 Resolution WHA70.11. The Government of the USA could not endorse the set of interventions and dissociated itself from the endorsement. While the Government of the USA strongly supported many of the proposed interventions, it believed that the evidence underlying certain interventions was not yet sufficient to justify their inclusion.

conditions, including digital technologies, artificial intelligence and machine learning, challenges in integrating often disparate NCD and mental health programmes with broader health system planning, the promotion of healthy communities by addressing the impact of environmental determinants on NCDs,[21] including air pollution, climate change, and chemicals, and addressing the particular needs and vulnerabilities of migrants, refugees, and internally displaced persons and indigenous peoples.[22] The comprehensive actions against the harm from NCDs must evolve to take into account these and other factors.

The Commission also discussed the limits of WHO's work on the prevention and control of NCDs. Although the budget space for WHO's work on the prevention and control for NCDs – comprising global public health goods, country support, and leadership - will increase from US$179 million in 2018-2019 to US$190 million in 2020-2021 (i.e. an increase of 11%), some Commissioners felt that WHO should step up more tailored action aimed at supporting countries to strengthen their national responses during the next three years to place them on a sustainble path by 2022 to reach SDG target 3.4 by 2030. Many countries in need of such support do not receive it. Consistent with the vision of the 2030 Agenda for Sustainable Development and in keeping with the commitments made on the prevention and control in three Political Delarations, some Commissioners called for an additional recommendation about the need for WHO to prioritize NCDs in its own scope of work.

[21] In accordance with paragraph 32 of A/RES/73/2

[22] In accordance with paragraph 71 of the 2019 UNGA Political Declaration on UHC


Time to
deliver

02

RECOMMENDATIONS

RECOMMENDATION 1

WHO should encourage Heads of State and Government to fulfil their commitment to provide strategic leadership for NCD responses by promoting policy coherence and coordination for the development of whole-of-government, health-in-all-policies approaches and for the engagement of stakeholders in whole-of-society action in line with national NCD and SDG action plans and targets,[23] including through the establishment of national multi-sectoral and multi-stakeholder mechanisms.[24,25,26]

This can be accomplished through the following:

- Establish or strengthen a coherent institutional framework for national coordination mechanisms, with a clear distinction between multi-sectoral and multi-stakeholder engagement.
- Ensure a common national action plan for the promotion and control of NCDs based on a shared vision across relevant governmental sectors, and which includes adequate funding for its implementation.
- Devise clear rules and rigorous approaches for the engagement with the private sector, preventing, identifying, and managing real or potential conflict of interest and ensuring that such engagements tie back to specific objectives in the national NCD response.[27]
- Support the establishment of national coordination mechanisms at the local level where relevant and appropriate.
- Promote and strengthen transparency, recording, and monitoring of commitments from all stakeholders and implement accountability mechanisms.[28]
- Increase accountability for progress in policies, including monitoring programme implementation and health impact assessments of policies in the health sector and sectors beyond health.

WHO should provide support by:

- Promoting the exchange of good practices, lessons learned, experiences, and models of national mechanisms through which to coordinate NCD action, as well as implementation research, and provide technical support to Member States in this regard.
- Elaborating, updating, and contextualizing tools and guidance that address capacity gaps towards engaging with the private sector and civil society for their meaningful and effective contribution to the implementation of national NCD responses, including addressing any conflicts of interest.
- Strengthening its engagement and advocacy with the UN Development System in identifying opportunities for synergy between national mechanisms through which to coordinate NCD and SDG action.

This recommendation reiterates the importance of the top-level recommendation in the Commission's first report and flows directly from the latest Political Declaration, in which Heads of State and Government committed to "provide strategic leadership for the prevention and control of NCDs by promoting greater policy coherence and coordination through whole-of-government and health-in-all-policies approaches and by engaging stakeholders in an appropriate, coordinated, comprehensive and integrated, bold whole-of-society action and response".

23 In accordance with paragraph 17 of A/RES/73/2.
24 In accordance with paragraph 17 of A/RES/73/2.
25 In accordance with paragraph (vi) of A/RES/68/300.
26 In accordance with paragraph 17 of A/RES/73/2.
27 In accordance with paragraph 43 of A/RES/73/2.
28 In accordance with paragraph 45 of A/RES/73/2.

Effectively addressing NCDs and mental health conditions risk factors and their economic social, economic, and environmental determinants[29] requires, both a coherent multi-sectoral approach, as well as mechanisms for multi-stakeholder involvement, as appropriate, including civil society, academic institutions, philanthropic foundations, the private sector, the UN Development System, and others.

Governments must recognize potential challenges to their efforts against NCDs and mental health conditions, including the impact of economic, market and commercial factors,[30] and competing interests of sectors beyond health. Conflicts of interest need to be detected and prevented, and, where not possible, managed through clearly defined procedures that protect against undue influence by any form of real, perceived, or potential conflict of interest to effectively prevent and control NCDs and mental health conditions.[31] This should involve, but not be limited to, explicit exclusion of the tobacco industry and non-State actors that work to further the interests of the tobacco industry in line with the WHO Framework Convention on Tobacco Control.

A permanent institutional NCDs multisectoral coordination mechanism that involves all sectors—from industry, agriculture, economy and finance, sports, environment, labour, and transportation, to information and communication and education, in line with a Health-in-All-Policies approach—and is guided by strong leadership and convening authority above the ministerial level, and that includes a plan of action with clear goals and targets and monitoring and accountability functions, can significantly contribute to health and development outcomes. The mechanism should also specify roles and responsibilities across sectors, which may require demonstrating the social and economic case for investment by other sectors in NCD prevention and control. Health-impact assessments of new policies should become the norm.

National goals, strategies, and actions should be agreed, and the roles and responsibilities of all stakeholders should be clearly defined. Clear rules of engagement with the private sector should include how they may participate in consultations on the development of public policies, policy implementation, and participation in accountability mechanisms. Other stakeholders need to understand the political and policy environment; likewise, governments need to be aware of the interests and motives of non-State actors. Governments will need to understand fully both limits and potential in engagement, collaboration, multi-stakeholder partnerships, and alliances that mobilize and share knowledge, assess progress, and amplify the voices of and raise awareness about people living with and affected by NCDs.[32] Strengthening commitments and contributions from non-State actors to the implementation of national NCD responses[33] can be a key to realizing actions in practice.

Local authorities can be key to the implementation of national coordination mechanisms by translating action to the local level, especially in politically decentralized countries. They are closer to their populations and have a better knowledge of local needs as well as being drivers of innovation and good practice.

At every level, conflicts of interest must be identified, prevented, and, where appropriate, managed. For example, the history and ability of the tobacco industry and other industries to undermine evidence-based public health interventions must be recognized and confronted.

All agreed commitments by non-State actors, including the private sector, for the implementation of national NCD plans should be documented and tracked for the accountability of all stakeholders. In addition, a transparent, formalized monitoring and evaluation process should be established, with evaluation carried out by independent parties.

In addition to providing technical assistance, WHO has other roles in supporting national NCD coordination mechanisms: the Organization should update its tools and guidance, disseminate good practices, share experiences, and models of national coordination mechanisms among countries, including by promoting networks at regional and global levels with a focus on implementation, grounded in implementation research. Where appropriate, WHO assists countries with tailored frameworks of engagement with non-State actors that are sensitive to local contexts and capacity.

Further, WHO should strengthen its coordination, collaboration, and alignment with other relevant UN organizations, including the UN Inter-Agency Task Force on NCDs, to support Member States in addressing the

29 In accordance with paragraph 21 of A/RES/66/2.

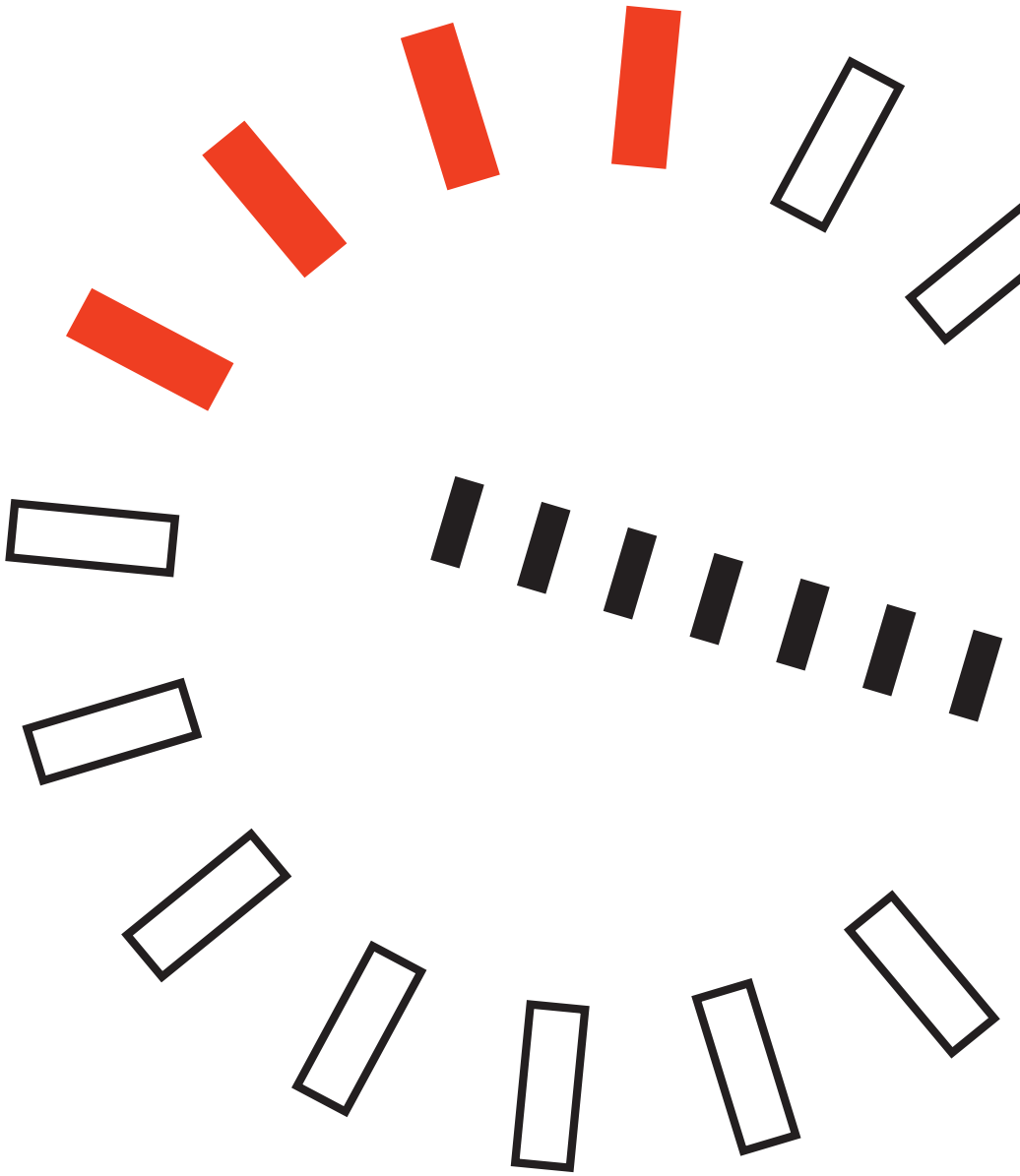
30 In accordance with table 5 on page 6 of report A71/14.

31 Such as WHO's 'Draft approach for the prevention and management of conflicts of interest in the policy development and implementation of nutrition programmes at country level', at https://www.who.int/nutrition/consultation-doi/nutrition-tool.pdf?ua=1

32 In accordance with paragraph 42 of A/RES/73/2.

33 In accordance with paragraph 44 of A/RES/73/2.

determinants of health, further engaging in advocacy and dialogue to enhance UN Development System participation as stakeholders in national coordination mechanisms, in order to effectively realize the NCDs and mental health target and other NCD-related SDGs.



RECOMMENDATION 2

WHO should support countries in their national efforts to empower individuals to make healthy choices and make the healthiest choice the easiest choice, including through the creation of enabling environments and the promotion of health literacy. Policy, legislative, and regulatory measures that reduce exposure to risk factors for NCDs and mental health conditions and promote healthy choices can be complemented by health literacy approaches.

This can be accomplished through the following:

- Embedding health literacy and healthy environments into the education system to create awareness of the harms of NCD risk factors and enable children and young people to recognize the lifestyle risks for health that may be promoted by inappropriate commercial advertising.[34,35]
- Developing and implementing a range of community-based NCD interventions that harness community health literacy, including engagement with civil society, to build the demand for effective policy, legislative, and regulatory measures aimed at minimizing the impact of the risk factors for NCDs.[36]
- Developing comprehensive, contextual, and targeted mass- and social-media information and communication strategies about NCDs risk factors and determinants that address the wide diversity of health literacy skills of individuals and communities, paying particular attention to vulnerable and low-socioeconomic groups.
- Promoting and supporting the development and implementation of a range of digital health technologies appropriate to the capabilities and contexts of individuals and to the digital health literacy of communities so as to equitably increase the reach and impact of interventions for the prevention and control of NCDs and mental health conditions.
- Developing and implementing programmes to improve the health literacy responsiveness of healthcare organizations through enhancing the skills of health service providers, at both undergraduate and professional levels.

WHO should provide support by:

- Integrating health literacy principles and approaches into the design and implementation of WHO's recommended interventions and policy options to enhance the reach and acceptability of NCD measures.
- Working with communications and marketing specialists to develop global, comprehensive, targeted mass- and social-media information and communication strategies to increase global health literacy on NCD risk factors and promote healthy behaviours.
- Actively engaging with international media to promote their understanding of NCD risk factors and determinants, enabling them to influence policy, legislative, regulatory, cultural, and behavioural change.
- Developing, in collaboration with communications and education specialists, as well as other UN organizations, a kit with comprehensive information to support Member States in promoting NCD and mental health literacy skills in the education system.

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34 In accordance with paragraph 43(c) of A/RES/73/2.
35 In accordance with paragraph 43(e) of A/RES/73/2.
36 In accordance with paragraph 21 of A/RES/73/2.

- Creating a repository with information, good practices, and exemplars from Member States and partners of health literacy interventions for the prevention and control of NCDs and mental health conditions.

Among the many approaches to address NCDs, health literacy is currently an underused measure. Health literacy of the population remains essential in empowering people to live healthy lives, free from NCDs.

Enhancing the health literacy of individuals and communities is an important measure to extend the reach, acceptability, and impact of NCD interventions, thus complementing enabling policy, legislative, and regulatory measures.

Improving health literacy requires concerted action by governments, including through the education system. Schools have a role to play in protecting children from unhealthy influences and helping form healthy behaviours. As lifelong healthy behaviours are shaped during childhood and adolescence, preventive interventions undertaken then may have greater benefits than some interventions to reduce risk and restore health in adults.

Because the determinants and risk factors for NCDs and mental health conditions are complex, multiple and interlinked, Heads of State and Government have also committed to strengthen health literacy through education and targeted mass- and social-media campaigns.

To fulfill this commitment, Governments should apply health literacy approaches to enhance the implementation of effective interventions, including policy, legislative, and regulatory measures, where and when necessary. This requires that programmes focus on:

- Improving health literacy at individual and community levels

- Improving the health literacy responsiveness of interventions, programmes, and systems (healthcare providers, integration with primary healthcare packages, and UHC access).

- Actively generating environments where the healthy choice is the easy choice, irrespective of an individual's or a community's health literacy.

Countries are therefore encouraged to develop national health literacy action plans, and systematically incorporate health literacy principles and practices into NCD-related health policies, regularly measure and monitor health literacy with special attention to vulnerable and disadvantaged population groups, who usually have the greatest burden of NCDs, including mental health conditions.

In many countries, health literacy approaches operate more strongly at the community level than at the individual level. As school-based programmes can play an important role in promoting lifelong healthy eating, Member States should ensure, through education and support programmes, that influential community leaders are health literate and empowered to positively influence behaviours and ultimately make better decisions for their communities. Focusing on health literacy, however, should, in no way reduce the responsibility of governments to protect children and youth from the marketing, advertising, and sale of tobacco and alcoholic products to minors, and the marketing of foods and non-alcoholic beverages high in fats, sugar, or salt.

Further, increasingly accessible and affordable digital health technologies can be used to broaden the reach and impact of interventions for the prevention and control of NCDs and mental health conditions, adapted to local needs while respecting patient privacy and promoting data protection.[37] These may range from simple text messages to adaptive technologies that can compensate for low literacy (e.g., translated materials, text reading options, video, etc).

WHO should enhance its work on health literacy for the prevention and control of NCDs and mental health conditions, by integrating health literacy principles and approaches into the design and implementation of its recommended interventions and policy options, NCDs prevention frameworks, and roadmaps. WHO should also actively engage with international media and other influencers to promote their understanding of NCD risk factors and determinants, enabling them to drive policy, legislative, regulatory, cultural, and behavioural change.

[37] In accordance with paragraph 65 of the 2019 UNGA Political Declaration on UHC.

RECOMMENDATION 3

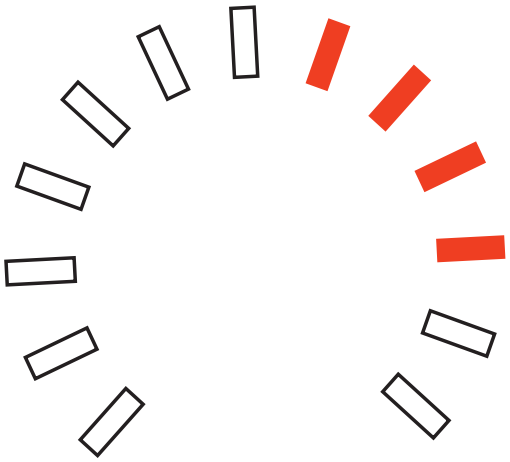
WHO should encourage countries to invest in the prevention and control of NCDs and mental health conditions as a key opportunity to enhance human capital and accelerate economic growth. The promise of Universal Health Coverage is more likely to be realized if the connection between NCDs and mental health conditions and human capital is appreciated.

According to the World Bank, "human capital, measured as the value of earnings over a person's lifetime, is the most important component of wealth globally" and "is a central driver of sustainable growth and poverty reduction".[38]

Countries increasingly recognize the critical importance of human capital for economic growth and competitiveness. Since 2017 more than 60 countries have joined the World Bank's human capital project, signaling high momentum for investment in the creation, protection, and enhancement of their human capital. Today, recognition of the critical importance of human capital represents an unprecedented opportunity to accelerate progress in the prevention and control of NCDs and mental health conditions. UHC provides the ideal framework for such action.

NCDs and mental health conditions can affect the quantity and quality of human capital, as they reduce human capital in the short term, mainly through their impact on adult survival and productivity. They also jeopardize the creation of future human capital, by negatively affecting educational performance.

The extent to which health problems affect human capital should be one of the criteria used in the design of essential health benefits packages under UHC. NCDs and mental health conditions, principally because of the magnitude of their burden of disease, should be considered essential elements of the package. It is not only the negative impact of these diseases and conditions on human capital through premature death and disability that must be considered, but also the positive benefits to human capital that ensues from their prevention and control.



[38] Lange Glen-Marie, Quentin Wodon and Kevin Carey, eds. 2018. The Changing Wealth of Nations 2018: Building a Sustainable Future. Washington DC; World Bank.

RECOMMENDATION 4

WHO must advise countries to make NCDs and mental health conditions essential components of Universal Health Coverage and affordable health services for all. They should prioritize policies and interventions implemented through social protection, primary healthcare, essential public health functions, investment in the health workforce, and increased accountability, that will enable speedier progress to SDG 3.4.

This can be accomplished through the following:

- Invest in population- and individual- level essential public health functions for health protection, health improvement, and disease prevention to reduce disease burden and to contribute to making UHC financially feasible.
- Scale up more effective action on proven primary prevention policies based on national epidemiological data, including the those proposed by WHO and other interventions, including a specific set of "NCD accelerators" that are under development at WHO (see Annex).
- Strengthen health systems for the provision of quality primary health services with adequate support for team-based work and task-sharing to improve prevention and management of NCDs and mental health conditions along with coordinated referral and financial protection.
- Strengthen capacity for engagement, policy coherence and mutual accountability of different spheres of policymaking that have a bearing on NCDs and mental health conditions[39].

WHO should support countries in:

- Ensuring that primary healthcare becomes the cornerstone[40] of delivering NCD and mental health services, including by:
  - » Health promotion and disease prevention.
  - » Improving access to care, medicines, psychosocial support, and interventions based on evidence-based protocols.
  - » Strengthening effective referral systems between primary and other levels of care[41], to ensure coordinated and effective relationships across all levels of a sustainable health system[42], along with integration and cooperation between social and health sectors[43].
- Investing in the development of the health workforce in order to:
  - » Making all categories of health professionals and community health workers empowered to deliver basic NCD interventions, including making increased task sharing a priority.
  - » Ensuring that health professionals have the capacity to detect major risk factors and support early detection of NCDs through basic and continuous education.
- In developing sustainable structures for statistics, disease surveillance and monitoring of the performance of the health system.

39 In accordance with paragraph 30(a)(vi) of A/RES/68/300.
40 In accordance with paragraph 13 of the 2019 UNGA Political Declaration on UHC.
41 In accordance with paragraph 46 of the 2019 UNGA Political Declaration on UHC.
42 In accordance with paragraph 13 of the 2019 UNGA Political Declaration on UHC.
43 In accordance with paragraph 46 of the 2019 UNGA Political Declaration on UHC.

Universal health coverage

UHC provides the platform for improving public health and incorporating concerted action against an array of health problems. NCDs and mental health conditions must be included because they cause profound suffering, impair social functioning and economic productivity, and lead to catastrophic health expenditure and premature mortality; they often have adverse effects on families and caregivers. This impact on individuals and their families, when aggregated at the population level, leads to a huge economic cost to society through losses in productivity, healthcare costs, lost livelihoods, and decreased human capital.[8,9]

The promise of UHC is the improvement of health through essential public health functions and quality health services to all as needed, with financial protection against hardships caused by healthcare expenditure.[44]

Many people at risk for NCDs and mental health conditions can benefit from public health measures and services geared to health promotion and disease prevention across the life course.[17] Heads of State and Government recognized at the UN General Assembly in 2019 that "UHC implies that all people have access, without discrimination, to nationally determined sets of the needed promotive, preventive, curative, rehabilitative and palliative essential health services, and essential, safe, affordable, effective, and quality medicines and vaccines, while ensuring that the use of these services does not expose the users to financial hardship, with a special emphasis on the poor, vulnerable, and marginalized segments of the population".[45]

Countries must be alert to the tendency of medical professionals who select the service coverage components of UHC to overlook or undervalue the prevention and control of NCDs, including by population-level interventions.[23,24] If UHC is to provide the comprehensive array of services needed for the health and well-being of populations, public health, health promotion, and disease prevention should be regarded as one end of the service continuum that extends to diagnostic, therapeutic, rehabilitative, and palliative services.

The inclusion of NCDs and mental health conditions in the service package of a national programme of UHC will be guided by the choices made in the context of the country's health needs and resources. The selection will need to cover health promotion and disease prevention; identification and case detection; and treatment, care, and rehabilitation.

The delivery platforms will be at several levels: population, community, healthcare facilities at primary health centres, first-level hospitals, and referral centres. The choices may be guided by public health needs; evidence of effectiveness; cost effectiveness; affordability; implementation capacity; feasibility, according to national circumstances; and impact on health equity.

Recommendations made in the WHO Global Action Plan for NCDs and Disease Control Priorities[3] are useful guides to making these choices.[3,32] In addition to cost-effectiveness analysis, DCP3 also employs extended cost-effectiveness analyses to assess how much financial protection is provided by an intervention. For example, a needed treatment for a cardiovascular condition or a treatable cancer may, even if seemingly expensive, prevent a high level of out-of-pocket or catastrophic expenditure that may induce severe financial hardship or poverty. Health-technology assessments are useful for the identification of cost-effective interventions. Equity, especially for vulnerable people, makes treatment for mental health conditions, such as depression and schizophrenia, and neurological disorders, such as epilepsy, as well as highly responsive cancers, such as cervical cancer, a high priority.

The resources available at any one time for UHC will determine the number and nature of NCD and mental health related services that can be included in the package. These should progressively increase as more resources accrue. Fiscal measures included in the "WHO Best buys and other recommended interventions for the prevention and control of NCDs",[46] will not only have a population-wide impact that benefits NCDs and mental health conditions but can also raise resources for the inclusion of services in the UHC package[33], when governments apply revenue generated to health sector improvements and investments.

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44 Strengthening essential public health functions in support of the achievement of universal health coverage. WHA 69.1 http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R1-en.pdf

45 In accordance with paragraph 9 of the 2019 UNGA Political Declaration on UHC.

46 See previous footnote on this issue.

Accelerators

With only a few years remaining for the SDG target to be met, the world needs to accelerate the NCD response. Although many interventions exist, the most effective and feasible should be considered as a priority—these are known as "accelerators".[47] Governments should identify and implement a specific set of priorities within the overall NCD and mental health agenda, based on their public health needs. See the report of Working Group 2 and Annex for details.

Primary health services and care

As countries set out to design or reshape national programmes for UHC, there is a clear need to ensure that NCDs and mental health conditions are addressed through at the first level of health services. This is the most inclusive, effective, and efficient approach to enhance people's physical and mental health and is the foundation of service delivery by a well-functioning health system, as reaffirmed by the 2019 UNGA Political Declaration on UHC.[48]

Seamless integration of the primary level with more advanced levels of specialist services (secondary and tertiary) must be a feature of efficient health systems that undertake to deliver UHC. NCDs and mental health conditions may require both primary and specialist care. Follow-up care should be provided in primary care and community settings.

Acute exacerbations and complications of NCDs and mental health conditions may require referral care. An effective referral system ensures a close relationship between all levels of the health system and helps to ensure people receive the best possible care closest to home. It also assists in making cost-effective use of hospitals and primary healthcare services.

Health workforce

The role of non-physician healthcare providers, such as nurses, other health professionals, and community health workers will be pivotal for the provision of NCD and mental health services in primary care.[12,13,14] They need to be trained and enabled with technology and supported by digital delivery platforms.[15] Although such task-shifting and sharing will greatly enable and empower non-physician healthcare, physicians and nurse practitioners engaged in primary care also need training to enhance their ability to provide timely and appropriate care for NCDs and mental health conditions.[16]

A well-equipped multi-disciplinary health workforce is at the core of enabling health systems around the world for the delivery of high-quality, accessible, and affordable healthcare. Without appropriate and extensive use of non-physician health providers (such as nurses and community health workers), the goals of UHC will not be met. It should be recognized that most of these providers are women.

Scaling up non-physician healthcare providers for NCDs and mental health conditions will require protections for the health worker and the patient. This includes enabling legislation; effective policies; accessible, affordable and high-quality education (with formal recognition of programmes); commitment from employers; supportive funding models; leadership; and the collection and analysis of data and information.

Accountability and monitoring

Accountability for progress is an important element that must be shared among all stakeholders. Monitoring is also critical; it should include the major risk factors, medicines access and affordability, and civil registration and vital statistics. Other optimal additions include healthcare quality, cancer registries, and newer surveillance modalities.

The indicators for tracking progress in UHC include the extent of the population covered by the programme (access) and the level of financial protection. The choice of additional indicators that are specific to NCDs and mental health depend on burden of disease, risk factors, and financing and provisions of services chosen for the country's UHC programme.

The indicators proposed by WHO for tracking progress on UHC provide a useful guide.[34] The monitoring of the quality of services must include assessments by people who have come into contact with these services.

47 In accordance with paragraph 13 of report A72/19 of the WHO Director-General to WHA72.

48 In accordance with paragraph 13 of the 2019 UNGA Political Declaration on UHC.

RECOMMENDATION 5

WHO should promote social protection for all to ensure equity and economic security in the prevention and control of NCDs, including protection against catastrophic health expenditures for care.

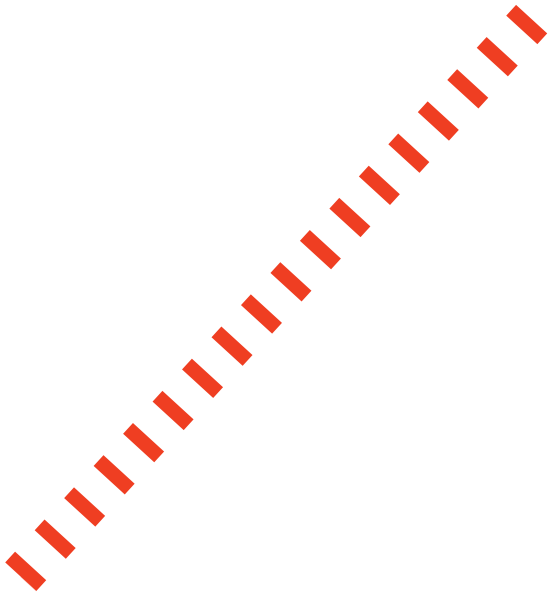
People's health cannot be addressed in isolation from economic security, equity and well-being – they are inextricably linked. For example, premature mortality from NCDs causes loss and grief for the family while also increasing the burden of care for family members and reduce household income, increasing the risk of impoverishment, especially for the vast majority of households not covered by social protection schemes.

World leaders envision a world with equitable and universal access to quality education at all levels, to health care and social protection, where physical, mental and social well-being are assured[49]. All people must enjoy a basic standard of living, including through social protection systems[50]. SDG target 1.3 aims to "implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable. SDG target 5.4 aims to "recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate". SDG target 10.4 aims to "adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality.

Low- and middle-income countries are far from achieving universal social protection: between 42-82% of their populations are not covered by any social protection scheme.

Universal health coverage is a part of broader social protection. Social protection schemes are important to ensure that more people with NCDs get the long-term care they need, and that this care will not deplete their income or assets, causing them to become impoverished.

WHO should conduct a review of international experience in the achievement of universal health and social protection, with a particular focus on the prevention and control of NCDs, and identify and disseminate lessons learned.



[49] In accordance with paragraph 7 of A/RES/70/1.

[50] In accordance with paragraph 24 of A/RES/70/1.

RECOMMENDATION 6[51]

WHO should increase its engagement with the private sector to promote their effective and meaningful contribution to global NCDs targets and goals, and to provide technical support to Member States to increase the capacity needed for such engagements to national NCD responses.

In addition to the measures taken by governments to put in place evidence-based interventions for the prevention and control of NCDs and mental health conditions, such as policy, legislative, and regulatory measures, relevant parts of the private sector can play an important role in making a meaningful and effective contribution to the implementation of national responses to NCDs to reach SDG target 3.4. Calls for this kind of engagement have been made repeatedly since the first Political Declaration on NCDs in 2011.

Because the private sector is diverse, different approaches to engagement are needed. Engagement by governments at the country level can take many forms, from regulation and legislation to dialogue, consultation, participation, and contractual arrangements, such as public-private partnerships, or, as this Commission seeks to frame them, partnerships for the common good.

Governments may seek from such engagement the strengthening of implementation of national responses for NCDs. Multi-stakeholder dialogue can generate innovative ideas and allow for the development of new or alternative approaches that create value for all.

Private sector entities can support national NCD responses by better aligning their action with government policy to promote public health outcomes for NCDs through changing the way they produce, market, advertise, and sell their products, such as making efforts to reformulate food products to provide healthy and nutritious options, reducing the excessive use of salts, sugars, and saturated fats,[52] and eliminate industrially produced trans-fats in food. It is equally important that the private sector does not impede policy, legislative, and regulatory action. These actions will help reduce healthcare costs and unlock the transformative potential of the private sector to contribute to SDG target 3.4.

The private sector can also help mitigate the impact of the social determinants of NCDs and mental health conditions, such as in the fields of energy and transport, including reducing air pollution, and promoting healthy workplaces. In addition, the private sector can play a role in improving access to safe, affordable, effective, and quality essential diagnostics, medicines, vaccines, and technologies and strengthening systems for delivering healthcare in line with government policies, including through their knowledge and experience of supply chains.

Since 2011, when the first Political Declaration on the prevention and control of NCDs was adopted,[53] Member States have advanced in the implementation of policy, legislative, and regulatory measures for the prevention and control of NCDs. Nevertheless, progress remains insufficient to meet global NCD goals and targets. An important barrier to progress is the low adherence of the private sector to countries' national NCD objectives. Many Member States and other stakeholders often lack the necessary capacity to address the impact of economic, market and commercial factors[54] on health outcomes for NCDs, and to engage effectively and meaningfully with the private sector.[55]

WHO is in a unique position to influence the private sector to enhance its impact on global public health and to influence the social determinants of health, as well as to disseminate and promote adherence by non-State actors to WHO's policies, norms, and standards, as well as rigorously analyzing evidence of the impact of private sector interventions. With its global network of country

51 Commissioner Katie Dain disassociates herself from recommendation 6.

52 In accordance with paragraph 44 of A/RES/73/2.

53 Resolution A/RES/66/2 available at https://undocs.org/A/RES/66/2

54 In accordance with table 5 on page 6 of report A71/14 of the WHO DG to WHA71.

55 The 2030 Agenda for Sustainable Development Goals, including SDG 3.4 and SDG 17 encourages working through partnerships for sustainable development.

offices, WHO can also provide direct support to Member States in these areas.

To provide support to Member States in their efforts to implement paragraph 44 of the 2018 UNGA Political Declaration, WHO will continue to convene dialogues with representatives from international business associations representing the food and non-alcoholic beverage industries, pharmaceutical industries, and physical activity industries, and economic operators in the area of alcohol production and trade. The dialogues continue to focus on specific "asks" from the Secretariat to relevant private sector entities.[56] Initial results are encouraging: The dialogues with the food and non-alcoholic beverage industries resulted in a commitment in 2019 by several of the many companies that produce or sell artificial trans-fat to eliminate this product from the food supply by 2023.[57] WHO also continues its work on the development of a promising approach that can be used to register and publish contributions of the private sector, philanthropic entities, and civil society to the achievement of SDG target 3.4 by 2030.[58]

Despite these encouraging results, the Commission acknowledges that limited progress has been made.

To increase WHO's capacity to invite the private sector to strengthen its global commitment and contribution to SDG target 3.4, the Commission recommends the establishment of a platform, as an integral part of WHO, with the aim of securing more meaningful and effective contributions from the private sector in accordance with paragraph 44 of the 2018 Political Declaration.

The initial scope of the platform should build on the ongoing dialogues with the food and non-alcoholic beverage industries, economic operators in the area of alcohol and trade, the pharmaceutical industry, and physical activity industries.

Suggested functions of the platform, to be developed by WHO, might include:

- The increase in the number of dialogues with the private sector to secure more effective and meaningful contributions towards SDG target 3.4. This includes discussions on how the private sector can address the impact of economic, market, and commercial factors, including industry interference.

- The promotion and independent assessments of voluntary commitments by the private sector[59,60] in response to specific "asks" from WHO, taking into account WHO recommendations and guidance,[61] to be recorded, made publicly accessible, monitored, evaluated, and followed up.

- The creation of a repository of case studies, good practices, approaches, accountability mechanisms, and evidence on effective models of appropriate engagement with the private sector, including case studies on how the private sector has supported governments in the implementation of national responses to prevent and control NCDs and mental health conditions.

- The compilation of existing public health frameworks and tools that support appropriate engagement of Member States with the private sector in implementing government-led policies in the prevention and control of NCDs and mental health conditions;

- The provision of core technical support and guidance to Member States to convene, negotiate and implement different forms of engagement, including partnerships for the common good when requested by governments;

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56 In accordance with paragraph 19 of report A72/19 of the WHO DG to WHA72.

57 https://www.who.int/news-room/detail/07-05-2019-who-welcomes-industry-action-to-align-with-global-trans-fat-elimination-targets

58 In accordance with paragraph 17 of report A72/19 of WHO DG to WHA72.

59 In May 2019, the International Food and Beverage Alliance (IFBA) members committed to ensure that the amount of industrial trans fat in their products does not exceed 2 g of iTFA per 100 g fat/oil globally by 2023, in line with the WHO's REPLACE action package launched in 2018.

60 In May 2019, the International Food and Beverage Alliance (IFBA) members committed to ensure that the amount of industrial trans fat in their products does not exceed 2 g of iTFA per 100 g fat/oil globally by 2023, in line with the WHO's REPLACE action package launched in 2018.

61 Such as WHO Global Action Plan of Action for the prevention and control of NCDs, the Comprehensive Mental Health Action Plan 2013–2020, the Global Strategy and Action Plan on Ageing and Health 2016–2020, the Global Action Plan on Physical Activity 2018–2030, the Global Strategy on Diet, Physical Activity and Health and the Global Strategy to Reduce the Harmful Use of Alcohol, WHO Code of marketing of Breast Milk Substitutes, and other WHO tools and guidance.

- The monitoring and evaluation of the implementation of commitments.

WHO should also scale up its technical support to Member States on appropriate forms of engagement with the private sector for NCDs prevention and control to fulfill growing demand in these public health areas by:

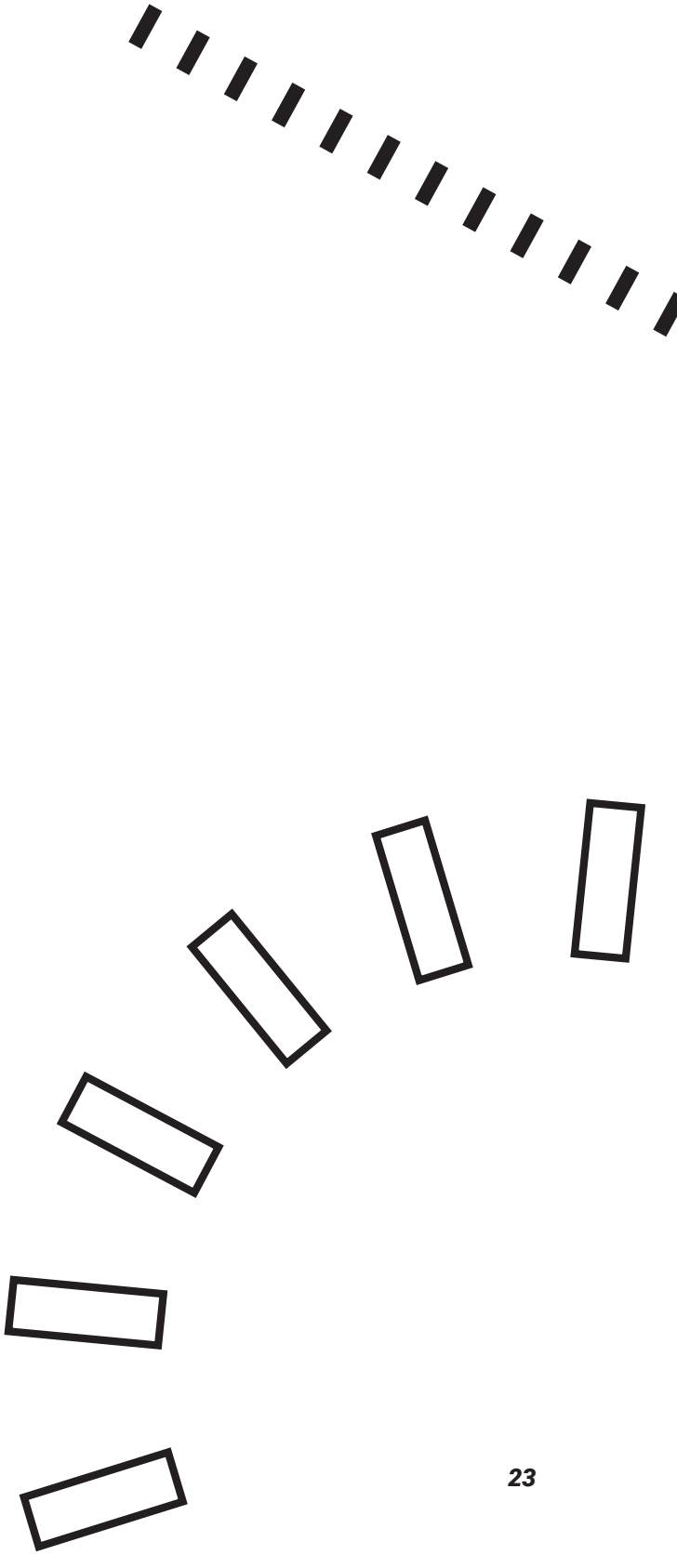
- Identifying priority areas where governments are looking for technical assistance, taking into account national NCD priorities and objectives, to engage with the private sector for its meaningful and effective contribution to the implementation of national responses to NCDs to reach SDG target 3.4, including through partnerships when appropriate, while giving due regard to managing both actual and perceived conflicts of interest.

- Identifying modalities for the kind of technical assistance WHO can provide to Member States to strengthen national capacities to fulfil the commitments of paragraph 43 of the 2018 Political Declaration.

- Identifying mechanisms and legal frameworks for Member States to guarantee safe and effective engagement with the private sector, with adequate tools for assessment, management, and communication of risks of conflict of interest.

- Coordinating technical assistance with other UN organizations, including through the UN Interagency Task Force on NCDs, to be provided to Member States for the implementation of the political commitments and national NCDs priorities, including by effectively engaging with the private sector, as well as ensuring consistent messaging across the UN system.

WHO should continuously review progress and learn together with Member States to enhance joint and mutual accountability.



RECOMMENDATION 7

WHO should encourage governments to promote meaningful engagement with civil society for the prevention and control of NCDs and the promotion of mental health.

This can be accomplished through the following:

- Include the participation of non-governmental organizations in national platforms through which to coordinate NCD action, with a view towards encouraging a greater range of voices to be heard, including from those living with NCDs.

WHO should support civil society in:

- Promoting increased civil society capacity in contributing to the prevention and control of NCDs and to achieve UHC, in low- and middle-income countries, to support progress.
- Promoting the exchange of knowledge, policy, and good practices for evidence-based action.
- Involving civil society meaningfully in WHO governance (at all levels of the Organization).

To amplify the voices of people living with and affected by NCDs, Heads of State and Government committed in the 2018 Political Declaration to "Promote meaningful civil society engagement to encourage Governments to develop ambitious national multisectoral responses for the prevention and control of NCDs, and to contribute to their implementation, forge multi-stakeholder partnerships and alliances that mobilize and share knowledge, assess progress, provide services and amplify the voices of and raise awareness about people living with and affected by NCDs"[62]. WHO has established the WHO Civil Society Working Group on NCDs to support this effort.

In the 2019 Political Declaration on UHC, Heads of State and Government committed to engage all relevant stakeholders, including civil society, "through the establishment of participatory and transparent multi-stakeholder platforms and partnerships, to provide input to the development, implementation and evaluation of health- and social-related policies and reviewing for the achievement of national objectives for UHC."[63]

Success in several global health and development issues, particularly HIV/AIDS, have repeatedly reinforced the importance of strong civil society organisations and community-based efforts in accelerating action and for governments to meaningfully engage civil society in national NCD and UHC responses. A vibrant and strong NCD civil society movement capable of fulfilling its four primary roles—advocacy, awareness raising, improving access through service delivery, and accountability—can significantly contribute to NCD responses at national and regional levels. In particular, the civil society organisations that specialize in supporting people with a specific disease or disease group have, in many countries, significantly complemented and enhanced the services available for people with NCDs.

Through close connection with communities, civil society organisations provide people affected by NCDs with an essential voice to inform decision-making processes on laws, policies, healthcare services, and other systemic NCD decisions. Civil society organisations have the ability to raise public demand, and engage with and apply concerted pressure on governments, to ensure that resources and services reach and benefit the affected communities, as well as hold governments and other sectors to account.

Taking into account the often broad sources of civil society funding, conflicts of interest need to be identified, prevented, and managed when engaging civil society, as with any other type of engagement.

62 In accordance with paragraph 42 of A/RES/73/2.

63 In accordance with paragraph 54 of the 2019 UNGA Political Declaration on UHC.

RECOMMENDATION 8

WHO should advocate for the establishment of a multi-donor trust fund (MDTF) for NCDs and mental health conditions based on public health needs.

The basic concept of the MDTF is to respond to country demand for international assistance to increase the available fiscal space, engage the private sector at national and international levels, mobilize multilateral funding, reinforce policy coherence, build technical capacity for a multisectoral response to NCDs and mental health conditions within the context of broader sustainable development efforts.

WHO should work with members of the UNIATF on NCDs, in particular the World Bank, UNDP and UNICEF, to evaluate and assess proposals for a catalytic fund for NCDs to ensure wise use of public resources, opportunities for partnerships, long-term sustainability, and that address direct and indirect conflicts of interests. Recognizing the challenging financial environment for global investment and the many competing demands for scarce global health resources, such a voluntary catalytic fund for NCDs would strongly support effective implementation of the other recommendations in this report.

An analysis suggesting an Outline Business Plan for a Catalytic MDTF for the Prevention and Control of NCDs and Mental Health can be found at (URL to come).

03

ANNEXES

ANNEX 1

Examples of NCD accelerators to reach the SDG 3.4.1 target of a one-third reduction of the risk of death from NCDs among people aged 30-69[64]

Risk Factor/ Disease	Target percent reduction to achieve SDG 3.4.1	Estimated reduction in deaths from selected NCDs ages 30-69 (see Web Annex)	Core indicator for accountability and global baseline	Means to achieve target
Tobacco use	50% prevalence reduction	15.0%	Prevalence of smoking: 20%	WHO MPOWER package,*[65] currently fully implemented for less than 0.5% of the world's population,[66] and, potentially, new measures to reduce the addictiveness (nicotine delivery) of tobacco products
Excess sodium consumption	30% consumption reduction	5.7%	Sodium consumption. >95% of world population consumes more than WHO-recommended amount of sodium.[67]	WHO SHAKE technical package*[68]

* WHO Best Buy

64 This table was provided by Commissioner Tom Frieden, President and CEO, Resolve to Save Lives, Vital Strategies

65 MPOWER: A policy package to reverse the tobacco epidemic. Geneva: World Health Organization, 2008 (http://www.who.int/tobacco/mpower/mpower_english.pdf, accessed 29 Sept 2019).

66 WHO report on the global tobacco epidemic, 2019: Offer help to quit tobacco use. Geneva: World Health Organization, 2019 (https://www.who.int/tobacco/global_report/en, accessed 29 Sept 2019).

67 Powles J, Fahimi S, Micha R, et al.; Global Burden of Diseases Nutrition and Chronic Diseases Expert Group (NutriCoDE). Global, regional and national sodium intakes in 1990 and 2010: a systematic analysis of 24 h urinary sodium excretion and dietary surveys worldwide. BMJ Open 2013 Dec 23;3(12):e003733.

68 SHAKE the salt habit: The SHAKE technical package for salt reduction. Geneva: World Health Organization, 2016 (http://www.who.int/dietphysicalactivity/publications/shake-salt-habit/en, accessed 29 Sept 2019).

Risk Factor/ Disease	Target percent reduction to achieve SDG 3.4.1	Estimated reduction in deaths from selected NCDs ages 30-69 (see Web Annex)	Core indicator for accountability and global baseline	Means to achieve target
Cervical*, liver, colon, and other cancers	27% mortality reduction overall (20-67%, depending on type of cancer; see Web Annex)	5.4%	HBV and HPV vaccination of the target population (currently 43% and 40% espectively).[69,70] Detection, screening, and treatment of preventable or treatable cancers not done for much of the world.	HBV and HPV* vaccination. Detection, screening, and treatment of cervical* and preventable or treatable cancers.
Hypertension	50% hypertension control	5.0%	Hypertension control – current rate 14%[71]	WHO HEARTS technical package*[72]
Household air pollution	25% reduction in use of solid fuel for cooking	1.4%	Percent of population using solid fuel for cooking – currently 35%.[73]	World Bank: Household Energy for Cooking Project Design Principles[74] WHO guidelines for indoor air quality: household fuel consumption[75]

* WHO Best Buy

69 Immunization coverage: Key facts. Geneva: World Health Organization, 2018 (http://www.who.int/news-room/fact-sheets/detail/immunization-coverage, accessed 29 Sept 2019).

70 Bruni L, Diaz M, Barrionuevo-Rosas L, et al. Global estimates of human papillomavirus vaccination coverage by region and income level: a pooled analysis. Lancet Glob Health. 2016 Jul;4(7):e453-63.

71 Mills KT, Bundy JD, Kelly TN, et al. Global disparities of hypertension prevalence and control: a systematic analysis of population-based studies from 90 countries. Circulation. 2016 Aug 9;134(6):441-450.

72 HEARTS: Technical package for cardiovascular disease management in primary health care. Geneva: World Health Organization, 2016 (http://www.who.int/cardiovascular_diseases/hearts/en, accessed 29 Sept 2019).

73 State of global air 2019. Boston: Health Effects Institute, 2019 (https://www.stateofglobalair.org/data/#/air/plot, accessed 29 Sept 2019).

74 Household energy for cooking: Project design principles. Washington: The World Bank, 2013 (http://documents.worldbank.org/curated/en/320081468183548304/Household-Energy-for-Cooking-Project-design-principles, accessed 29 Sept 2019).

75 WHO Guidelines for indoor air quality: household fuel combustion. Geneva: World Health Organization, 2014 (http://www.who.int/airpollution/guidelines/household-fuel-combustion/en, accessed 29 Sept 2019).

Risk Factor/ Disease	Target percent reduction to achieve SDG 3.4.1	Estimated reduction in deaths from selected NCDs ages 30-69 (see Web Annex)	Core indicator for accountability and global baseline	Means to achieve target
Artificial trans fat consumption	100% reduction	2.0%	Consumption of artificial trans fat. 7% of world population protected by strong, enforced policies to eliminate artificial trans fat.	WHO REPLACE action package[76]
Harmful alcohol use	20% reduction	0.6%	Per capita alcohol consumption	Taxation; limitation of places and hours of sale; restrictions on marketing, promotion, and sponsorships*[77]
Total		35.1%		

* WHO Best Buy

[76] REPLACE trans fat: An action package to eliminate industrially-produced trans fat from the global food supply. Geneva: World Health Organization, 2018 (http://www.who.int/nutrition/topics/replace-transfat, accessed 29 Sept 2019).

[77] SAFER: Preventing and reducing alcohol-related harms. Geneva: World Health Organization, 2018 (https://www.who.int/substance_abuse/safer/msb_safer_framework.pdf, accessed 29 Sept 2019).

ANNEX 2

Commissioners of the second phase of the WHO Independent High-level Commission on NCDs

CO-CHAIRS:

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Ala Alwan
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Regional Director Emeritus WHO/EMRO
Former WHO Assistant Director-General for NCDs and Mental Health

Arnaud Bernaert
Head, Global Health and Healthcare
World Economic Forum

Katie Dain
CEO, NCD Alliance
Co-Chair, WHO Civil Society Working Group on NCDs

Tom Frieden
President and CEO, Resolve, Vital Strategies
Former Director US/CDC

Vikram Harshad Patel
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Psychiatrist
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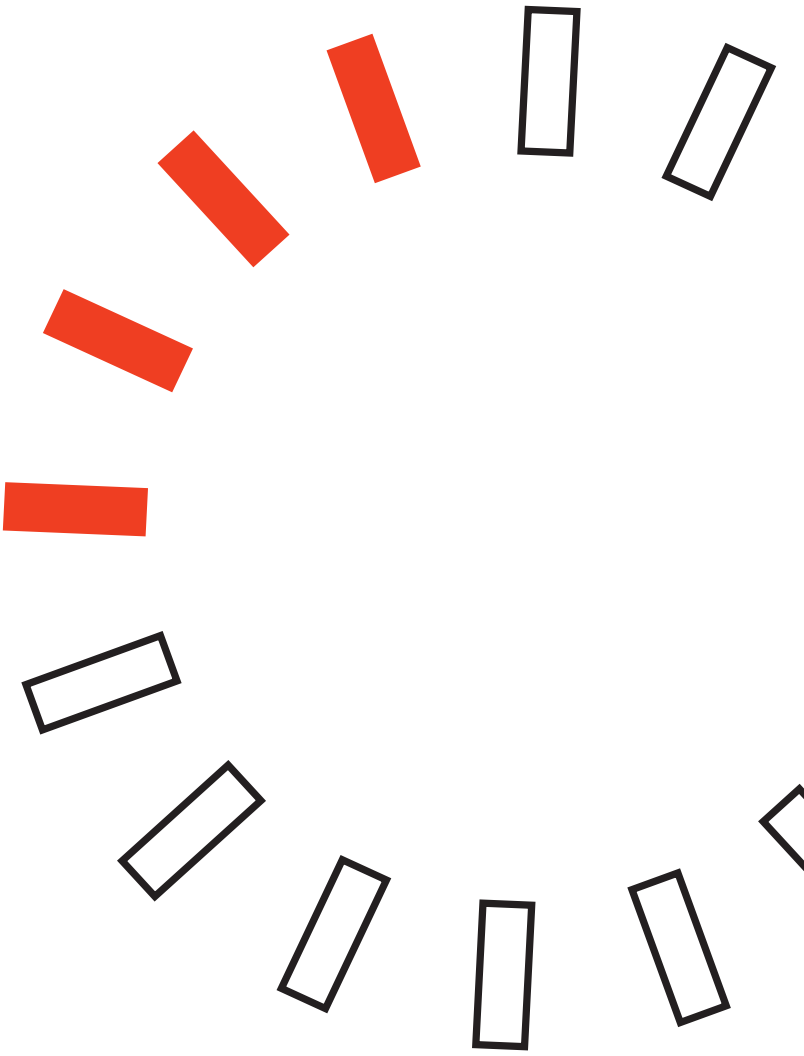
Annette Kennedy
President
International Council of Nurses

Ilona Kickbusch
Chair, International Advisory Board, Global Health Institute
Graduate Institute



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