

NCD Alliance Advocacy Briefing

140th WHO Executive Board, January 2017

This briefing note provides background and key advocacy messages on the NCD Alliance's main priorities for the 140th WHO Executive Board (EB). The EB will nominate three candidates for the election of WHO Director-General at the 70th World Health Assembly, discuss the preparatory process for the 2018 UN High-Level Meeting on NCDs (2018 UN HLM on NCDs), and consider a number of NCD-related agenda items including the draft implementation plan on ending childhood obesity, the draft action plan on the public health response to dementia, a report and resolution on cancer prevention and control and the health of migrants.

Agenda Item 10: Non-communicable Diseases (NCDs)

Agenda item 10.1 Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018 [EB140/27](#)

The report provides an update on the progress to date in achieving the four national time-bound commitments made at the UN NCD Review in 2014, and includes updates on WHO's assignments to review Appendix 3 of the Global NCD Action Plan (GAP) and to develop an approach to register contributions from Non-State Actors (NSAs) to the achievement of the 9 voluntary NCD targets. The document contains a resolution which recommends to the 70th WHA to endorse the updated Appendix 3; note the GCM/NCD 2018-19 work plan; urge Member States to follow-up on their international commitments and to support the preparations for the 2018 UN HLM on NCDs; and to request the WHO Director-General to submit a report on the preparation for the 2018 UN HLM on NCDs to the 71st WHA in May 2018.

Key messages:

- **Accelerate progress in implementing the four national time-bound targets:** The EB report states that in 2015 138 Member States had shown very poor or no progress against commitments made in 2014 to implement national responses and that little has changed since. This assessment underlines the urgent need for domestic and multi- and bilateral resource mobilization and increased technical assistance to overcome lack of policy expertise to integrate NCD measures into national development planning; to increase legal expertise to implement regulatory and fiscal measures, including unhealthy commodity taxes, and to assist multisectoral responses while effectively counter industry interference.
- **Provide guidance on how to conduct the preparatory process for a successful 2018 UN High-Level Meeting:** The EB is a critical opportunity to elicit clear directions from Member States on the preparatory process for the 2018 UN HLM on NCDs. Based on lessons learnt from the 2011 and 2014 HLMS, the NCD Alliance calls on Member States to consider the following process priorities:
 - **Hold regional preparatory meetings in all WHO regions.** As suggested in paragraph 19 of the current report, WHO-led Member States meetings in all regions are necessary to assess region-specific challenges and possible solutions and identify regional priorities. These meetings should commence after the publication of the WHO Director-General's Progress Report on NCDs in late 2017, and conclude by March 2018 to ensure the outcomes can feed into the 2018 Outcome Document negotiations. A segment of all regional meetings should be multisectoral (engaging government ministries beyond health) and multistakeholder (including civil society, academia, and relevant private sector).
 - **Convene a UN Civil Society Task Force.** A CSTF should be the official mechanism through which civil society can provide input to the UN HLM preparations. CSTF's are a standard part of the preparatory process for UN HLMS and help determine the format, theme and programme of the civil society hearing, encourage civil society participation in the UNHLM, including engagement of people living with NCDs, and identify speakers for the civil society hearing and HLM plenary and panel discussions.

- **Hold an interactive Civil Society Hearing no later than two months prior to the UN HLM.** Such a hearing creates a space where stakeholders can interact with Member States and offer input to the comprehensive review process. The date of the hearing should be decided with enough time to allow sufficient notice to enable full participation from all geographical regions, particularly low- and middle-income countries, and active participation of people living with NCDs. The hearing should be chaired by the President of the UNGA, attended by a broad range of invited stakeholders, and observed by Member States.
- **Participation of Member States must be at Heads of State and Government level.** This was not the case in 2014, which was a major weakness. 2018 marks an important mid-way point to achieving the global '25 by 25' targets, and meeting the global NCD commitments is critical to achieving the Sustainable Development Goals in all countries, therefore the highest political level of engagement is crucial for the success of the 2018 HLM.
- **Hold the UNHLM in September 2018, just prior to the UN General Assembly for a minimum of two days.** The 2014 Review demonstrated that a meeting of less than one day was insufficient. Governments will have to coordinate three health-related High-Level Meetings in 2018 (NCDs, Tuberculosis and Antimicrobial Resistance) and it is important that each meeting be given adequate attention, while capitalizing on interlinkages across all three as appropriate.
- **Conclude the UN HLM with an action-oriented outcome document.** While not legally binding, an outcome document is the strongest possible agreement within the UN for international cooperation and is preferable to a Chair's Statement or a Declaration. We call for an action-oriented Outcome Document for 2018, with time-bound commitments, targets to ensure accountability and monitoring of progress, and allocation of resources to accelerate action.
- **Endorse the updated Appendix 3 of Global NCD Action Plan:** We commend WHO for the updated and expanded GAP Appendix 3. The document is significantly improved compared to its original version, in particular in the area of unhealthy diets and physical activity, treatment of early cancers, primary prevention for rheumatic fever and rheumatic heart disease, and palliative care. We welcome that the updated document acknowledges the limitations of cost-effectiveness analysis and emphasises the potential of population-based interventions, including fiscal policies and environmental changes, to reduce inequalities in the prevention and control of NCDs.
- **Provide guidance on how to further develop the approach to register contributions from NSAs¹:** Despite some improvements made to the draft, we remain unclear as to the purpose and feasibility of the proposed approach. We are concerned that the current mandate and resources of the GCM/NCD do not allow for critically assessing and tracking commitments registered by NSAs. A sophisticated set of output indicators and a robust monitoring and evaluation component are necessary, or else the register is at risk of becoming a platform to promote industry initiatives that do more harm than good. The platform must under no circumstances distract the focus away from the urgent need for policy actions, including legislation, regulation and fiscal measures, to be taken by Member States to address exposure to NCD risk factors and to improve NCD management. We urge the EB to conduct an in-depth discussion on the purpose and necessary ambition of the approach and to provide concrete guidance to the Secretariat on whether or not, and if so, how to proceed with the development of the approach.

Agenda item 10.2 Draft global action plan on the public health response to dementia [EB140/28](#)

The report and accompanying resolution invite the EB to recommend to the 70th WHA to endorse the action plan, including a set of global targets and indicators, to develop practicable and ambitious national implementation strategies and requests the WHO Director-General to submit progress reports in 2020, 2023 and 2026 on the plan's implementation.

Key Messages:

- **We commend the process to develop the action plan and support the resolution.** We now urge Member States to swiftly move to the development and implementation of national plans with targets

¹ The NCD Alliance submission on the approach to register contributions from NSAs (October 2016) can be found [here](#).

and monitoring frameworks. It is an imperative that these plans be costed and are accompanied with a clear budget for implementation.

Agenda item 10.4: Report of the Commission on ending childhood obesity: implementation plan [EB140/30](#)

The report presents the revised Implementation Plan of the WHO Commission on Ending Childhood Obesity, which underwent consultations in 2016, and requests the EB to provide further guidance on the plan. We welcome this significantly improved plan with a much stronger and more extensive set of interventions and a greater focus on regulatory, legislative and fiscal measures.

Key Messages:

- **Promotion of physical activity is not an appropriate action for the food & beverage industry.** We commend WHO for taking a nuanced approach to the issue of conflict-of-interest, both outlining the positive contributions the private sector can make to obesity prevention but also acknowledging that industry self-regulation has limited value and is often used as a strategy to defer effective regulation. We remain concerned about the recommended action for the private sector to ‘facilitate access to, and participation in, physical activity’. It should be clearly stated that such actions are not appropriate for industry whose core business is the supply and promotion of foods or beverages. Stakeholder actions should be SMART and relevant to each stakeholder’s core business activities.
- **Refer explicitly to and align with the updated Appendix 3 of the Global NCD Action Plan (agenda item 10.1)** to emphasise that many of the Implementation Plan’s recommended actions also fall within the cost-effective interventions outlined in Appendix 3.
- **Support the development of a monitoring framework and propose a timeline for development.** We strongly welcome the proposed second work phase to develop a framework for monitoring and evaluation. We urge the Board to support the Secretariat in the development of this framework based on a review of existing indicators, reporting mechanisms and identification of baselines to monitor progress. The Executive Board should propose a timeline for the Secretariat to develop this framework, including multistakeholder consultations in the coming months, so that this work can be presented to the 70th WHA together with the Implementation Plan for adoption.

Agenda item 10.5: Cancer prevention and control in the context of an integrated approach [EB140/31](#)

The report highlights national cancer strategies undertaken as part of multisectoral efforts to address NCDs that are proving to be effective and summarises WHO’s activities, and other international efforts, to meet the global challenge posed by cancer. We welcome the recommended actions and the resolution included in the report.

Key Messages:

- **To strengthen the resolution we request the EB** to consider strengthening the links with maternal, child and adolescent health, HIV services and primary health care; including stronger language around scaling up access to the diagnosis, treatment and care of cancer; adding a greater focus on development funding and the mobilisation of new resources for a health systems response to cancer and greater emphasis of multisectoral partnerships to deliver cancer components of the Global Action Plan on NCDs and SDG 3.4.

Agenda Item 11: Promoting health through the life course

Agenda item 11.1: Progress in implementing the 2030 Agenda for Sustainable Development [EB140/32](#)

The 2030 Agenda for Sustainable Development provides governments and the international community with an ambitious set of 17 goals and 169 targets to end extreme poverty, fight inequality and injustice, and protect our planet by 2030. The EB provides an important platform to reinforce the importance of NCDs within the context of health in the 2030 Agenda.

Key Messages:

- **Facilitate intersectoral partnerships with relevant stakeholders.** Achieving SDG 3, including the NCD targets, requires innovative, multisectoral partnerships that draw upon all sectors whose outputs have an impact on health and NCDs. A Health in All Policies approach is essential for achieving sustainable development, and in the lead up to the 2018 UN High-level Review on NCDs, it is vital that such partnerships are formed.
- **Strengthen health systems to respond to the increasing burden of NCDs.** Stronger and resilient health systems are necessary to deliver for rapidly growing populations, many of who face the burden of NCDs. Comprehensive universal health coverage must include essential NCD interventions, and national and regional plans should prioritise NCDs.
- **Ensure adequate and sustained financial resources for NCDs.** Increasing domestic resources for NCDs and health is a critical strategy for achieving progress on the 2030 Agenda. As recognised in the Addis Ababa Action Agenda, taxes on unhealthy commodities that are NCD risk factors such as alcohol, tobacco and sugary drinks, provide a win-win solution by increasing domestic revenue and decreasing consumption. Simultaneously, sustained official development assistance for health is a critical source of funding, especially for LDCs, and ODA must therefore better align with actual burden of disease.

Agenda item 11.2: The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond [EB140/33](#)

WHA resolution [WHA69.4](#) requested the development of a road map for the health sector to achieve the use and production of chemicals in ways that lead to the minimization of significant adverse effects on human health and the environment by 2020. The EB will consider a [draft road map](#) to be adopted by the 70th WHA.

Key messages:

- **Strengthen understanding of the links between chemicals and NCDs.** The mention of NCDs throughout the draft road map, and the call to engage in efforts to fill gaps in scientific knowledge, are to be commended. In translating this action, evidence for the links between exposure to chemicals and NCDs such as cancer, neurological disorders, and diabetes, where early evidence suggests some causality now needs to be strengthened in order to mobilise the wider NCD community to join and accelerate the response.
- **Encourage further participation and collaboration with civil society in the road map.** We commend the opportunities for civil society to contribute to the draft road map to date. We also emphasise the role of civil society in implementation, especially with regard to monitoring progress on different indicators identified throughout the draft road map.

Agenda Item 4: Post of the Director-General

The EB will draw up a short list of 5 candidates for the post of Director-General. The 34 Executive Board members will then interview these candidates and nominate 3 to go forward to the WHA in May, when Member States will vote in a new Director-General, who will take office on 1 July 2017.

The six [candidates](#) running for the post of Director-General are:

- Dr. Sania Nishtar, Pakistan's former health minister;
- Tedros Adhanom Ghebreyesus, Ethiopia's foreign affairs minister and former health minister;
- Dr. Philippe Douste-Blazy, a former health and foreign minister of France;
- Dr. Flavia Bustreo, the WHO's assistant director-general for family, women's, and children's health, who is from Italy;
- Dr. David Nabarro of the United Kingdom, a UN veteran who is currently special adviser to Secretary General Ban Ki-moon on sustainable development; and
- Dr. Miklós Szócska, a former health minister of Hungary.

More on the election process [here](#).