

NCD Alliance Webinar

Tuesday 14 February 2017



NCD Alliance

PUTTING NON-COMMUNICABLE DISEASES
ON THE GLOBAL AGENDA

Speakers

Moderator:

Katie Dain, NCD Alliance

Speakers:

Fiona Bull, WHO

Alena Matzke, NCD Alliance

Priya Kanayson, NCD Alliance

Agenda

- Progress on Global Physical Activity Policy
- Updates from the WHO Executive Board
- 2018 UN High Level Meeting on NCDs
- Preparation for CSW and the UN HLPF



**World Health
Organization**

Scaling up Action on Physical Activity: **The Bangkok Declaration and the 2017/18 Agenda**

Dr Fiona Bull

*Program Manager, Surveillance & Population Based Prevention (SPP),
Prevention of Noncommunicable Diseases (PND).*

bullf@who.int

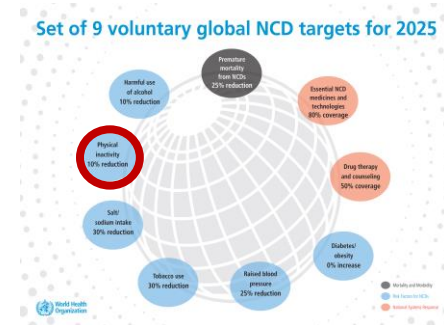
Main Messages

1. Physical activity is central to the prevention of NCDs and improving global health
2. The Bangkok Declaration on Physical Activity (BKKD 2016) outlines the potential contributions of policy actions on physical activity to achieving 8 Sustainable Development Goals
3. BKKD calls for collective actions to address 6 challenges and support the scaling up of country capacity and responses
4. Outcome of the WHO Executive Board (EB140, Jan 2017) sets new agenda for the development of a Global Action Plan on Physical Activity for presentation at WHA141 in May 2018 via the EB141 in Jan 2018

Global Targets 2025

- Physical activity is a cornerstone of NCD prevention - 1 of 4 modifiable lifestyle risk factors
- Inactivity accounts for 9% of premature mortality from NCDs and 69 million DALYs/yr
- Inactivity costs \$58 Billion/year to health systems globally

Goal: 25 X 25
25% reduction in premature mortality from NCDs by 2025



Towards Achieving the Physical Activity Target 2025 (10x25): Are We Walking the Talk?

10x25

The Bangkok Declaration on Physical Activity for Global Health and Sustainable Development (Nov 2016)

What, where, how and why?

- Agenda setting and advocacy tool for global action on physical activity
- Consensus statement from the **1200 delegates** from **82 countries** at the 6th ISPAH congress held in Bangkok, Nov 2016
- Aimed at governments, NGOs, international agencies, funders, and all interested stakeholders
- Developed via global consultation: on-line, in-person, congress booth, social media, and much debate!



The Bangkok Declaration on Physical Activity for Global Health and Sustainable

The Bangkok Declaration on Physical Activity for Better Global Health and Sustainable Development

DRAFT 1 for consultation 1-5 Nov

6th International Congress on Physical Activity and Public Health
Bangkok, Thailand
16-19 November 2016



other congress host logos



Physical Activity for Better Health and Sustainable Development

We the delegates of the 6th International Congress on Physical Activity and Public Health, the biennial meeting of the International Society of Physical Activity and Health (ISPAH), in Bangkok, Thailand appreciate the efforts being made by countries and civil society in all regions to promote and support physical activity across the life course. We recognize that sustainable and affordable responses to tackle the global challenge to reduce physical inactivity and increase the benefits of improved active living require an integrated strategy that addresses the multiple determinants of physical activity and the social, environmental and policy context. We recognize that investment in physical activity is essential in order to reduce the burden of Non-Communicable Diseases (NCDs) and can progress sustainable development and contribute to the Sustainable Development Goals (SDGs), 2030.

We call for the political leadership, strengthening of policies and investment in order to for the development and implementation of appropriate and evidence-based national action plans to enable countries to achieve the global target of reducing the level of insufficient physical activity by 10% by 2025.

Physical activity is recognized as one of the best investment in treatments for health and is a cornerstone for reducing NCDs, and we will call for actions to:

1. Recognize and promote the benefits of physical activity that physical activity has a positive impact on physical, mental and social health and wellbeing and is the fourth leading risk factor for Non-Communicable Diseases (NCDs), accounting for 9% of premature mortality from NCDs, equating to between 3-5 million preventable deaths and contributing 69.3 million disability-adjusted life years (DALYs) each year;

2. Alarmed by the low level of physical activity globally, with only 10% of adults engaged in sufficient activity (20% female 23% male) and 24% of adolescents aged 11-17 years not meeting the WHO Global Recommendations on Physical Activity and Sedentary Behavior, we call for governments, agencies and organizations to levels of physical inactivity that must be reduced;

- Commented [M1]: ...
- Commented [M2]: ...
- Commented [M3]: ...
- Commented [M4]: ...
- Commented [M5]: ...
- Commented [M6]: ...
- Commented [M7]: ...
- Commented [M8]: ...
- Commented [M9]: ...
- Commented [M10]: ...
- Commented [M11]: ...
- Commented [M12]: ...
- Commented [M13]: ...
- Commented [M14]: ...
- Commented [M15]: ...
- Commented [M16]: ...
- Commented [M17]: ...
- Commented [M18]: ...
- Commented [M19]: ...
- Commented [M20]: ...
- Commented [M21]: ...
- Commented [M22]: ...
- Commented [M23]: ...
- Commented [M24]: ...
- Commented [M25]: ...
- Commented [M26]: ...
- Commented [M27]: ...
- Commented [M28]: ...
- Commented [M29]: ...
- Commented [M30]: ...
- Commented [M31]: ...
- Commented [M32]: ...
- Commented [M33]: ...
- Commented [M34]: ...
- Commented [M35]: ...
- Commented [M36]: ...
- Commented [M37]: ...
- Commented [M38]: ...
- Commented [M39]: ...
- Commented [M40]: ...
- Commented [M41]: ...
- Commented [M42]: ...
- Commented [M43]: ...
- Commented [M44]: ...
- Commented [M45]: ...
- Commented [M46]: ...
- Commented [M47]: ...
- Commented [M48]: ...
- Commented [M49]: ...
- Commented [M50]: ...

The Bangkok Declaration on Sustainable Development

Physical Activity and Public Health leaders and stakeholders including all relevant non-governmental organizations

1. **Ensure government commitment to policy action to increase physical activity** requires leadership, yet increased allocation of resources and other government support to enable the adoption, adaptation, multiple settings, and public environment, sport and the community.
 - i. Provide adequate infrastructure by all ages and improvement in
 - ii. Develop, implement an environment that support open spaces and recreational communities (SDG 11)
2. **Recognize and invest in walking and contribute to actions that include:**
 - i. Provide adequate infrastructure by all ages and improvement in
 - ii. Develop, implement an environment that support open spaces and recreational communities (SDG 11)
3. **Establish National Multi-Sector countries** should develop, fund a action plans on physical activity key objectives in education, urban sustainable development as well as social, children and people that provide coordinated government identify priorities and responsibilities.
 - i. Provide adequate infrastructure by all ages and improvement in
 - ii. Develop, implement an environment that support open spaces and recreational communities (SDG 11)
4. **Develop Workforce Capabilities** is needed to support the implement and programs aimed at improving increasing physical activity. Build in other sectors, such as urban as educators and policy makers, in implementation and monitoring academic and professional trainees well as other relevant fields.
 - i. Provide adequate infrastructure by all ages and improvement in
 - ii. Develop, implement an environment that support open spaces and recreational communities (SDG 11)
5. **Increase Technical Support and Share Experiences** Many countries require technical support and guidance to support the development and implementation of national action plans on physical activity. Investment is needed to develop strategies and establish the available technical assistance towards those in most need and to increase the sharing of practical experiences between countries and regions. Given the considerable experience gained across many countries since the launch of the Global Strategy on Diet, Physical Activity and Health (GDAH) in 2014 much is known on how best to research, develop, and adapt actions to cultural and local contexts. But too little is shared effectively. Mechanisms to support knowledge transfer are needed to increase the effectiveness of implementation of national plans and country capacity to reach the physical activity target by 2025.
 - iii. Maximize and enforce regulatory by appropriately trained equipment and environment fitness and fundamental enjoyment to enable life-educational outcomes (i)
 - iv. Prioritize actions that contribute to ending the opportunities to participate
 - v. Promote land use, fiscal cycling and use of shared facilities and corridors
 - vi. Ensure adequate access to recreation and play by children, adolescents (SDG 10)
6. **Strengthen monitoring and surveillance of physical activity, its determinants and policy implementation:** Regular monitoring and reporting on implementation progress and population trends is essential to inform policy development and evaluation. Many countries do not have adequate monitoring of trends nor reporting of data for timely use in policy and program development and evaluation. It is an essential element of the monitoring and evaluation system in many countries including the very many lower income and middle income countries. Stronger systems and regular reporting are required in all countries to hold agencies accountable to their commitments and guide effective resource allocations.
 - i. Provide adequate infrastructure by all ages and improvement in
 - ii. Develop, implement an environment that support open spaces and recreational communities (SDG 11)
7. **Support and promote research and evaluation** to further develop the evidence base with a particular focus on addressing gaps in knowledge in areas such as economic analysis, implementation research at the population level and policy evaluation, to increase knowledge and understanding of the measurement, mechanisms and health benefits of physical activity across the life course in all countries, especially in low and middle income country contexts.
 - i. Provide adequate infrastructure by all ages and improvement in
 - ii. Develop, implement an environment that support open spaces and recreational communities (SDG 11)

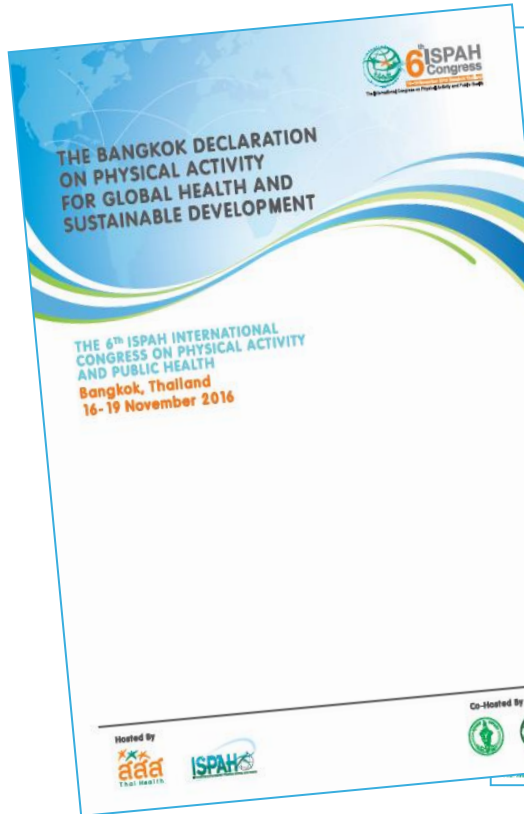
We urge WHO and Member States to continue to provide leadership and increase resources for technical support in building partnerships among governments including local government, the United Nations agencies and the relevant global health initiatives and with academia, professional bodies, non-governmental organizations, private sector, the media and civil society, to jointly advance and effectively implement all aspects of this Bangkok Declaration on Physical Activity.

Final Version: Shorter, Sharper and Strategic

Preamble –
reinforce & remind

Synergies with
achieving 8 SDGs

6 barriers to
progress – 6
opportunities for
collaborative action



We the delegates and hosts of the 6th International Congress on Physical Activity (ISPAH), with representatives from 72 countries and held in Bangkok, Thailand Members:

- a) **Recognize** physical activity includes all forms of human movement including walking, exercise as well as sport and is a natural behavior with many benefits;
- b) **Endorse** the urgency of addressing noncommunicable diseases (NCDs) such as 2 diabetes, cardiovascular diseases, non-melanoma skin cancers, respiratory diseases and poor mental health, which contribute to a significant burden of physical disability and associated social and economic burdens;
- c) **Reaffirm** that physical activity is one of the key modifiable risk factors cornerstone strategy for reducing the burden of NCDs, as articulated in Organization Global action plan for the prevention and control of NCDs 2013-2020;
- d) **Draw attention** to the high levels of inactivity globally and the impact on the life-course in those meeting the WHO Global Recommendations of especially relating to gender, disability, and regional and socio-economic disparities;
- e) **Note** the key role that reducing inactivity has to play in contributing to such as the WHO Commission on Ending Childhood Obesity (2016), De Nutrition (2016-2025), New Urban Health Agenda (Habitat III), Mobility Transport for Development (2016), Every Woman Every Child (2010), or WHO Global Action Plan on Dementia (draft 2015);
- f) **Emphasize** that actions to provide supportive environments that reduce physical inactivity can significantly reduce health care costs, increase productivity and provide effective return on investments in sectors and tourism;
- g) **Highlight** that the drivers of physical inactivity are linked to societal changes including technology, globalization and urbanisation, which affect how people live, work, travel and play and increasing levels of sedentary behavior;
- h) **Acknowledge** that global efforts to decrease physical inactivity have strengthened and scaled the development, prioritisation, financing and evidence-informed national plans to enable all countries to achieve their target for reducing physical inactivity for children and adults by 2025.

We identified opportunities for urgent prioritization and implementation and promote reduction in physical inactivity and contribute to gender's Sustainable Development Goals (SDGs), namely:

- 1) **Ensure healthy lives and promote wellbeing:** Policy actions that which lead to an increase in population levels of physical activity reducing NCDs (Target 3.6); providing infrastructure that supports through equitable access to safe walking, cycling and use of public transport, can contribute to reducing road traffic accidents involving pedestrians and cyclists (Target 3.6); and reduce air pollution (Target 3.9);
- 2) **Quality education:** Policy actions that ensure, and monitor, pre-school and school-based physical education curricula, and environments that are inclusive and enable all girls of physical literacy, fundamental movement skills, knowledge and enjoyment of physical activity, can contribute to enhancing primary education (Target 4.1), and improved educational quality (Target 4.4).

available at : www.ispah.org



- **SDG 3 Good Health and Well-being:** Policy actions which promote physical activity through improved access to safe and affordable opportunities to participate in sport and physical activity by girls and women across the life course, particularly those in marginalised and disadvantaged communities, can contribute to ending discrimination (Target 3.6).
- **SDG 5 Gender Equality:** Policy actions that maximize the potential of sports and empowerment regardless of individual traits can contribute to empowering and promoting equal opportunity (Target 5.5).
- **SDG 8 Decent Work and Economic Growth:** Policy actions that maximize the potential of sports and empowerment regardless of individual traits can contribute to empowering and promoting equal opportunity (Target 8.5).
- **SDG 10 Reduced Inequalities:** Policy actions that maximize the potential of sports and empowerment regardless of individual traits can contribute to empowering and promoting equal opportunity (Target 10.2).
- **SDG 11 Sustainable Cities and Communities:** Development, implementation and monitoring of urban and transport planning policies that require city and regional designs to provide equitable access to safe, affordable and inclusive public spaces and transport systems for all (Target 11.2); enhancing inclusive and sustainable urbanization (Target 11.3); reducing the environmental impact of cities (Target 11.6); and achieving universal access to public spaces and transport (Target 11.7).
- **SDG 13 Climate Action:** Land use and transport policy, combined with fiscal, environmental and educational interventions that support walking, cycling and use of public transport by all can contribute to a reduction in the use of fossil fuels and climate change mitigation (Target 13.1) and improved education, awareness, and human and institutional capacity on climate change mitigation and adaptation (Target 13.3).
- **SDG 14 Life Below Water:** Policy actions that ensure adequate access to, and use of, natural land, biodiversity (Target 14.1) and terrestrial and inland freshwater ecosystems (Target 14.2).
- **SDG 15 Life on Land:** Policy actions that leverage the capability of sports to nurture positive social values such as respect and fairness and to political leaders can contribute to reducing violence and conflicts (Target 16.1) and promoting non-discriminatory laws and policies (Target 16.6).

available at : www.ispah.org

Actions in line with this Bangkok Declaration will contribute at scale to these SDGs in an evidence-based, cost efficient and sustained way that will move nations, communities and individuals into everyday physical activity.

The Bangkok Declaration on Physical Activity for Global Health and Sustainable Development, endorsed by delegates at the 6th ISPAH Congress on Physical Activity and Public Health Organization, the United Nations and all relevant non-governmental organisations to:

1. **Renew commitments to invest in and implement at scale and pace policy actions to decrease physical inactivity across the life course as a contribution to reducing the global burden of NCDs and achieving 2030 Agenda goals (SDGs 3, 4, 5, 10, 11, 13, 14, and 15):** The actions needed to reduce physical inactivity require increased prioritisation multi-sector leadership, partnerships and sustained commitment as well as targeted allocation of resources. Investment from health ministries, and from other government departments, should be maximised to enable a whole system, evidence based approach, implemented at national and local level. Approaches should be cross sector and recognise the breadth of political and economic drivers in sectors such as employment, tourism, urban and transport planning, education, health, sport and culture;
2. **Establish national multi-sector engagement and coordination platforms.** All countries should develop, resource and implement integrated national action plans on physical activity. To be effective, plans should include mechanisms and resources to engage multi-sector stakeholders from inside and outside of health sector and engage the potential synergies with sustainable development as well as contribute to reducing health inequalities related to sex, age, race/ethnicity, sexual orientation, socioeconomic status, and people living with disability;
3. **Develop workforce capabilities:** Workforce training and development is fundamental to delivering an effective reduction in inactivity. Building capacity should be multi-professional, including health and social care, urban planners, architects, teachers, sport and recreation providers, educators, policy makers and the non-governmental workforce. Approaches should be integrated into under-graduate, post-graduate and continuing professional educational pathways and also consider the needs of volunteers and community leaders;
4. **Increase technical assistance and share experience:** Many countries require technical assistance and guidance to support the development, implementation and evaluation of national action plans on physical activity as well as guidance on building sustainable partnerships. There is potential to achieve more through collaboration and sharing at a global level and there must be investment to support knowledge transfer and professional networks at global, regional and national level to help all countries progress towards the 2030 global NCD prevention and control targets and the 2030 agenda;
5. **Strengthen monitoring and surveillance:** Regular monitoring and reporting on progress of physical activity, its determinants, and policy implementation are essential in all countries to hold agencies accountable to their commitments and guide effective resource allocations. Yet significant gaps exist in the surveillance of physical activity in children, young people, older adults and within minority populations;
6. **Support and promote collaboration, research, and policy evaluation:** Collaborations across researchers and policy makers, including medical and social research funding agencies to further develop the evidence base with a particular focus on addressing gaps in knowledge in areas such as multi-sectoral economic analysis, implementation research at the population level, and policy and process evaluation. There is a particular need to collaborate on what works to reduce inactivity, especially in low and middle income countries.

We urge WHO, United Nations agencies, all global health agencies and initiatives, Member States, State and Local governments, and City Officials to work together with civil society including academia, professional bodies, and non-governmental organisations, as well as private sector and the media, to provide leadership and maximise the potential of our combined resources to meet shared goals for health and sustainable development and effectively implement all aspects of this Bangkok Declaration on Physical Activity for Global Health and Sustainable Development.

available at : www.ispah.org

SDG 11. Inclusive, safe, resilient and sustainable cities and communities

Urban and transport planning policies that require city and regional design to provide access to safe, affordable infrastructure for walking and bicycling, as well as public open spaces and recreational facilities can contribute to:

- sustainable transport systems for all (Target 11.2)
- inclusive and sustainable urbanization (Target 11.3)
- reducing the environmental impact of cities (Target 11.6)
- universal access to green and public spaces (Target 11.7)



Shanghai Declaration on promoting health
in the 2030 Agenda for Sustainable
Development (Nov 2016)

www.who.int/healthpromotion/conferences/9gchp/shanghai-declaration/en/



6 Challenges = 6 Opportunities

1. Renew commitments to invest in and implement at scale and pace policy actions to decrease physical inactivity across the life course as a contribution to reducing the global burden of NCDs and achieving 2030 Agenda goals
2. Establish national multi-sector engagement and coordination platforms
3. Develop workforce capabilities
4. Increase technical assistance and sharing of experience
5. Strengthen monitoring and surveillance
6. Support and promote collaboration, research, and policy evaluation

What now? Dissemination

Ongoing coordination and collaboration between ISPAH and MoH Thailand, ThaiHealth and supporting partners includes:

- Translation into 9 languages (Arabic, Chinese, French, Italian, Japanese, Portuguese, Spanish, Swedish, Thai) – *more welcome*
- Collation of endorsements by relevant and interested stakeholders (e.g. gov, NGO, agencies)
- Template cover letters to Ministers of Health, Transport, Environment, Sport, Education...
- And more ideas and support welcome (Contact Trevor.Shilton@heartfoundation.com.au or ispahorg@gmail.com)

ISPAH Global Advocacy tools for PA

The Toronto Charter for Physical Activity: A Global Call for Action

Physical activity promotes wellbeing, physical and mental health, prevents disease, improves social connectedness and quality of life, provides economic benefits and contributes to environmental sustainability. Communities that support health enhancing physical activity, in a variety of accessible and affordable ways, across different settings and throughout life, can achieve many of these benefits. The Toronto Charter for Physical Activity outlines four actions based upon nine guiding principles and is a call by all countries, regions and communities to strive for greater political and social commitment to support health enhancing physical activity for all.

Why a Charter on physical activity?

The Toronto Charter for Physical Activity is a call for action and an advocacy tool to create sustainable opportunities for physically active lifestyles for all. Organizations and individuals interested in promoting physical activity can use this Charter to influence and unite decision makers, at national, regional and local levels, to achieve a shared goal. These Organizations include health, transport, environment, sport and recreation, education, urban design and planning as well as government, civil society and the private sector.

Physical activity – a powerful investment in people, health, the economy and sustainability

Throughout the world, technology, urbanization, increasingly sedentary work environments and automobile focused community design have engineered much physical activity out of daily life. Busy lifestyles, competing priorities, changing family structures and lack of social connectedness may also be contributing to inactivity. Opportunities for physical activity continue to decline while the prevalence of sedentary lifestyles is increasing in most countries, resulting in major negative health, social and economic consequences.

For health, physical inactivity is the fourth leading cause of chronic disease mortality such as heart disease, stroke, diabetes, cancers; contributing to over three million preventable deaths annually worldwide. Physical inactivity also contributes to the increasing level of childhood and adult obesity. Physical activity can benefit people of all ages, it leads to healthy growth and social development in children and reduces risk of chronic disease and improved mental health in adults. It is never too late to start physical activity; for older adults the benefits include functional independence, less risk of falls and fractures and protection from age related diseases.

1 | www.ispah.org | Tel: +1 416 363 6800

Best Investments Physical Activity

NON COMMUNICABLE DISEASE PREVENTION: Investments that Work for Physical Activity

A complementary document to The Toronto Charter for Physical Activity: A Global Call for Action

Physical activity is the fourth leading cause of chronic disease mortality such as heart disease, stroke, diabetes, cancers; contributing to over three million preventable deaths annually worldwide. Physical inactivity also contributes to the increasing level of childhood and adult obesity. Physical activity can benefit people of all ages, it leads to healthy growth and social development in children and reduces risk of chronic disease and improved mental health in adults. It is never too late to start physical activity; for older adults the benefits include functional independence, less risk of falls and fractures and protection from age related diseases.

Whole-of-community approaches where people live, work and recreate have the opportunity to mobilize large numbers of people.

Support structural and infrastructural physical activity throughout the day.

THE BANGKOK DECLARATION ON GLOBAL HEALTH AND SUSTAINABLE DEVELOPMENT

THE 6th ISPAH INTERNATIONAL CONGRESS ON PHYSICAL ACTIVITY AND PUBLIC HEALTH
Bangkok, Thailand
16-19 November 2016

Under equity, policy actions which promote physical activity through improved access to safe and affordable opportunities to participate in sport and physical activity for all, and across the life course, contribute to achieving Sustainable Development Goals (SDGs) 3, 11 and 17. Policy actions that increase the potential of sports and physical activity programs, including multi-sectoral approaches, to promote and improve the health, economic and social well-being of all, contribute to achieving Sustainable Development Goals (SDGs) 3, 11 and 17. Policy actions that increase the potential of sports and physical activity programs, including multi-sectoral approaches, to promote and improve the health, economic and social well-being of all, contribute to achieving Sustainable Development Goals (SDGs) 3, 11 and 17. Policy actions that increase the potential of sports and physical activity programs, including multi-sectoral approaches, to promote and improve the health, economic and social well-being of all, contribute to achieving Sustainable Development Goals (SDGs) 3, 11 and 17.

Co-located by ISPAH and WHO.

Acknowledgement of the support and co-authorship of the BKKD

Congress Co Hosts



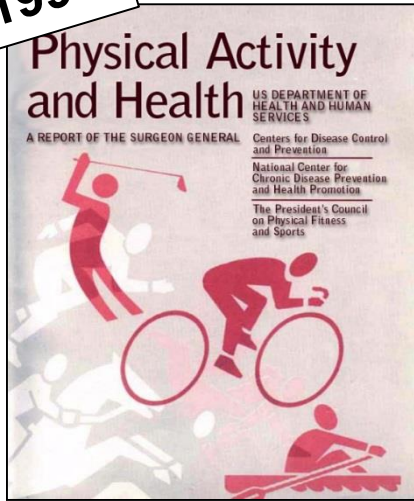
ISPAH 2016 Global Scientific Committee
ISPAH 2016 Global Organising Committee
ISPAH Congress Delegates (n=1,200)



ISPAH Board
ISPAH Membership

Milestones in Physical Activity

1996



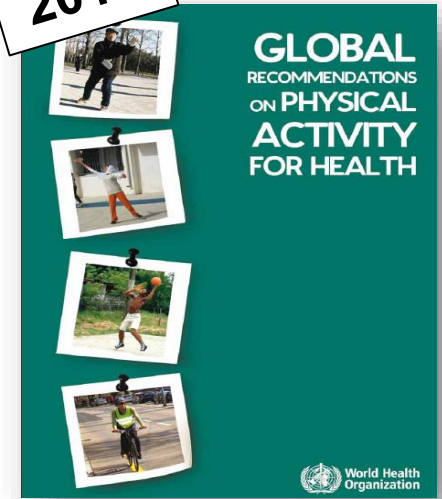
2004



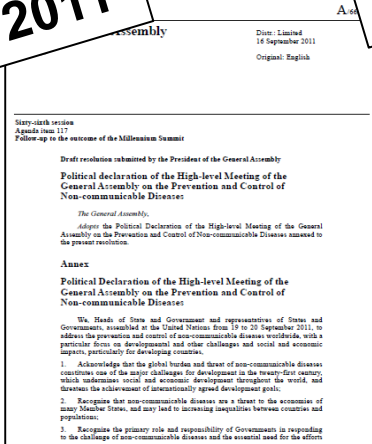
2006-8



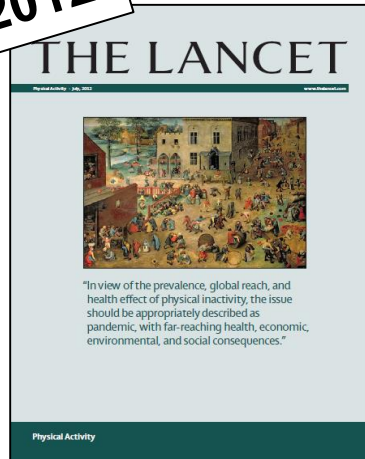
2010



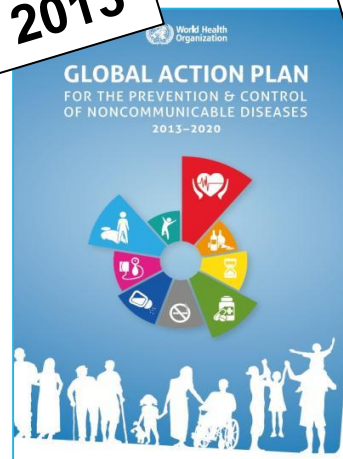
2011



2012



2013



2015



Development of a Physical Activity Action Plan in 2017-2018



WHO Executive Board 140
January 2017

Relevant documentation will be available shortly at www.who.int/governance/eb/en/

Development of a Physical Activity Action Plan in 2017-2018

- Request from the Executive Board (EB140, Jan 2016)
- Proposal initiated by Thailand
- Follows the recent developments in WHO South East Asia Region, notably their Resolution on PA (September 2016)
- In response to the widely held assessment of inadequate progress on addressing PA
- Will provide a new and focussed opportunity to provide countries with specific guidance on policy implementation – “what *and* how”
- Compliments the current WHO work plans which include: launch of global PA toolkit; updating of PA guidelines; updated estimates of burden

Development of a Physical Activity Action Plan in 2017-2018

- Opportunity to build on the recommendations provided in WHO Global Action Plan
- To provide specificity of policy actions, especially around areas where the evidence has advanced most in recent years
- Opportunity to fill the gaps – from global and national policy documents to the national and sub national implementation steps and practical tools which support action on the ground

Time Lines

- Development of a Global Action Plan on Physical Activity for presentation at WHA141 in May 2018 via the EB141 in Jan 2018

Thank you

Contact: bullf@who.int

140th WHO Executive Board Overview

Alena Matzke
NCD Alliance

WHO Executive Board Agenda

Address of the Director-General, Dr Margaret Chan

Agenda item 4: Post of the Director-General

Agenda item 10: Non-communicable Diseases

- 10.1 Preparations for 2018 High-level Meeting on NCDs
- 10.2 Global action plan on the public health response to dementia
- 10.4 Implementation plan on ending childhood obesity
- 10.5 Cancer prevention and control in the context of an integrated approach

Agenda item 8: Health systems

- 8.1 Human resources for health
- 8.3 Addressing the shortage of medicines and vaccines
- 8.7 Promoting the health of migrants

All EB Documents: http://apps.who.int/gb/e/e_eb140.html
NCD Alliance coverage of discussions: <http://bit.ly/2kpudHb>
NCD Alliance briefings/statements: <http://bit.ly/2kmt0Fk>

WHO EB Agenda continued

Agenda item 11 : Promoting health throughout the life course

11.1 Progress in the implementation of the 2030 Agenda

11.2 The role of the health sector in the Strategic Approach to International Chemicals Management

11.3 GS on Women's, Children's Adolescents' Health

Agenda item 12: WHO Programme Budget 2016/17 and 2018/19

Agenda item 13: Scale of Assessments

Agenda item 14/15: Management and governance & Staffing matters

14.3/15.3 Engagement with NSAs, incl. principles for secondments from NGOs, philanthropic foundations and academic institutions

Opening address: Dr Margaret Chan

Highlights from an NCD perspective:

- Reiterated importance of implementation of economic policies to effectively reduce tobacco use, noting the [clarity of evidence](#) to support action: *"...tobacco control makes good economic sense and does not harm economies. The evidence is abundant and compelling [...] I ask you to be vocal in persuading ministers of finance, trade, foreign affairs, and others not to be swayed by the tobacco industry's false claims"*.
- Called for courage when addressing the *"powerful economic operators"* which are key drivers of NCDs.
- Underscored growing burden of NCDs citing WHO AFRO ["research](#) documenting a steep rise in risk factors for NCDs. E.g. prevalence of hypertension in the region is now the highest in the world, and 35% of the adult population is overweight".
- Drew attention to the threat of air pollution to health: *"92% of the world's population lives in places where air pollution levels exceed WHO limits."*

WHO Director-General Election

Nomination of final 3 candidates after 2 days of closed-door sessions and 2 rounds of votes by the 34 Members of the Executive Board:

- 1st round: Elimination of Dr Szócska
- 2nd round: Elimination of Dr Bustreo, Dr Douste-Blazy

The final candidates for Director-General:

- Tedros Adhanom Ghebreyesus (34/30 votes)
- Dr. David Nabarro (30/18 votes)
- Dr. Sania Nishtar (32/28 votes)

The new WHO DG will be elected in May at the

WHA by WHO's 194 Member States.



A handwritten tally sheet on grid paper showing the results of the WHO Director-General election. The sheet lists candidates and their votes in two rounds. The first round has 34 votes, and the second round has 34 votes. The candidates and their votes are: Tedros (34/30), Flavia (33/12), Philippe (28/14), David (30/18), Sania (32/28), and Mikolov (13/18). There are checkmarks next to Tedros, David, and Sania. The date "MAY 2017" is written at the bottom right.

	1 st	2 nd	
eligible	34	34	
Tedros	34	30	✓
Flavia	33	12	
Philippe	28	14	
David	30	18	✓
Sania	32	28	✓
Mikolov	13	18	
may =	18	18	

MAY 2017

Agenda Item 10: NCDs

Board noted [EB140/27](#), recommended [EB140.R7](#) for adoption by the 70th WHA (reference to endorsement of Appendix 3 bracketed).

- MS emphasised **2018 UNHLM on NCDs** was top priority, voiced support its preparation; no detailed guidance on prep. process.
- Broad endorsement of **updated Appendix 3**; Canada, USA and New Zealand requested technical briefing ahead of WHA.
- Agreement that proposed **approach to register contributions from NSAs** has to be further refined; important that register is based on a sound approach & appropriately resourced.
- LMICs emphasized industry interference beyond tobacco to alcohol and food & beverage as obstacle to successful national responses, highlighted critical importance of intl. technical assistance.

Agenda Item 10: NCDs continued

Resolution recommend to the WHA:

- [Endorses the updated Appendix 3]
- Notes the GCM/NCD 2018-19 work plan;
- Urges Member States to implement their international commitments and to support 2018 UN HLM preparations at national, regional & global levels;
- Requests WHO DG to submit a report on the preparation for the 2018 UNHLM to the 71st WHA in May 2018.

10.2 Global Action Plan on Dementia

Member State statement focused on:

- the importance of a human rights perspective; to reduce the stigma associated with dementia and to maintain the dignity of people living with the condition; to support family caregivers; and to increase investment into research to find a cure and to improve care.

EB recommended to the 70th WHA to adopt decision [EB140\(7\)](#):

- to endorse the global action plan;
- to urge Member States to develop ambitious national responses to the overall implementation of the global action plan; and
- to request WHO DG to submit progress reports to the WHA in 2020, 2023 and 2026.

10.4 Ending Childhood Obesity

- Noted [EB140/30](#): **draft implementation plan on ending childhood obesity.**
- Member States welcomed the plan. Several MS highlighted the importance of regulatory and population-based approaches to curb the obesity epidemic, including restrictions on marketing, nutrient profiles, front-of-pack food labelling and taxation of unhealthy commodities.
- USA requested additional opportunities to review the plan ahead of its endorsement at the 70th WHA.
- Member States including Sweden and Japan called for an improved monitoring and evaluation framework.

Further improvements/work on the draft plan to be expected between now and WHA.

10.5 Cancer prevention and control

Noted [EB140/31](#).

- Strong support for **draft cancer resolution** and its role in supporting national implementation of cancer plans and the elevation of funding for cancer prevention and control as a priority.
- A drafting group, made up of 20 Member States coordinated by Canada, developed a revised white paper and consensus has been achieved on the majority of the text.
- Final consultations will take place until May, with the aim of adopting the resolution at the 70th WHA.

Additional agenda items on NCDs

Physical Activity

- Requested Secretariat to prepare a draft action plan on Physical Activity for EB142 (January 2018) and WHA71 (May 2018).
- NCD Alliance / ISPAH statement [here](#).

Rheumatic Heart Disease

- Decided RHD will be included on agenda of the 141st EB in May.
- Response to extensive advocacy by the RHD community (led by [RHD Action](#)) for a coordinated global response to RHD.
- Discussions are set to revolve around adoption of a resolution to mandate WHO to address RHD on a global scale.

Agenda item 8: Health Systems

8.1 Human resources for health

Noted [EB140/17](#) and decided in [EB140\(3\)](#) to:

- Finalize & submit five-year **action plan 2017–2021** to support the implementation of the recommendations of the HL Commission on Health Employment and Economic Growth to 70th WHA;
- Work with Member States to **adopt measures** focusing on the key recommendations of the report of the High-Level Commission, including the development of intersectoral plans and investment in transformative education, promoting decent job creation in the health and social sectors and mutual benefit from the international mobility of health workers.

Agenda item 8: Health Systems

8.3 Addressing global shortage of medicines & vaccines [EB140/19](#)

- Member States voiced their views on the recommendations by the **UN High Level Panel on Access to Medicines (HLP)**:
 - USA did not welcome consideration of the report by WHO governing bodies
 - Many developing countries felt that while not all recommendations should be followed, the report should at least be considered.
 - Netherlands welcomed a discussion of the report's recommendations, announced that they will host first WHO Forum on Fair Pricing on 10-11th May.
- Responding to calls for a standalone agenda item on access to medicines at the upcoming WHA, the Board decided to **expand existing agenda item 14.3** to “addressing the global shortage of, and access to, medicines and vaccines”.
- WHO secretariat will provide a new document under agenda item 14.3 to cover both the shortage of and access to medicines.

For more detail on Executive Board discussions on the UNHLP report please read [here](#)

Agenda item 8: Health Systems

8.7 Promoting the health of migrants [EB140/24](#)

- Board noted the report, Member State statements emphasised:
 - Importance of promoting the health of migrants in light of overarching priorities of the right to health and to ‘leave no-one behind’ and the particular vulnerabilities of migrants and refugees to physical and mental conditions.
- Called on WHO to continue collaboration with the International Office of Migration (IOM) and UN Refugees Agency (UNHCR), in particular as related to a global compact on refugees and on the global compact for safe, orderly and regular migration.
- Secretariat gave particular thanks to Member States who had emphasised the importance to consider mental health of migrants and refugees, and reiterated the underlying importance of efforts towards health systems strengthening and attaining universal health coverage in order to maximise preparedness.

11. Promoting health through the life course

11.1 Implementation of 2030 Agenda [EB140/32](#)

- Noted report EB140/32 emphasising:
 - Importance of integration of health into wider sustainable development priorities underlining that health is a prerequisite for Sustainable Development;
 - SDGs should not be seen as ‘add on’ but should shape the existing work of WHO;
 - Fundamental role of multisectoral action.
- Secretariat noted the importance not only of building better health systems, but also ‘better systems for health’.

11. Promoting health through the life course

11.2 Role of health sector in International Chemicals Management

- EB noted report [EB140/33](#), considered a **draft road map** due to be finalised for adoption by the 70th WHA.
- Member States discussed:
 - Need to promote rigorous scientific assessment of both hazardous chemicals (including endocrine active chemicals and certain pesticides) and safe alternatives; and for use of the latter to be promoted.
 - Multiple Member States expressed concern that illegal chemicals are still present in many markets and frequently in use; reiterated importance of stringent regulation. Challenges were noted to be especially great in developing countries.
- The Secretariat requested any final suggested edits to the draft road map to be shared by the 10th February.

11. Promoting health through the life course

11.3 GS on Women's, Children's Adolescents' Health [EB140/34](#)

- Noted EB140/34.
- Member States highlighted:
 - Triple dividend of investing in adolescent health, including improved access to services, positive impact on health later in life, and intergenerational impact on the next generation.
 - Issue of safe abortions was mentioned by a number of MS.
 - Challenges of data collection due to lack of strong CRVS systems.
 - Secretariat acknowledged that they may not be able to provide data for all 60 indicators in the monitoring framework for the Global Strategy. Hopes to include the issue of palliative care in report from the High Level Working Group for the Health and Human Rights of Women, Children and Adolescents.

12. WHO Programme Budget

12.1: Programme Budget 2016-17 - [EB140/35](#), [EB140/INF./5](#) and

12.2: Draft Proposed programme budget 2018-2019 - [EB140/36](#)

- Budget segment for WHO's current base programmes 88% financed, with a **financing gap of US\$ 404 million**.
- Main challenges are the earmarking of voluntary contributions & substantial decrease in overall level of flexible funding (30% reduction in core voluntary contributions) available to WHO.
- Discussions at PBAC and the EB suggested:
 - Greater prioritization; improvement in voluntary financing, incl. imposing rules on voluntary contributions; reallocating resources.
- Secretariat planning for eventualities including freezing/delaying recruitment, cutting travel/meetings, and postponing activities.
- Total budget proposed for 2018–2019 is US\$ 4474.5 million. Proposed increase comes mainly from the WHO Health Emergencies Programme (US\$ 69.1 million) and antimicrobial resistance (US\$ 23.3 million).

13.1 Scale of Assessments

13.1: Scale of Assessments for 2018-19 - [EB140/37](#), [EB140.R6](#)

- Many Member States supported the **proposed 10% increase in assessed contributions** (US\$ 93 million), others were not in a position to support that proposal.
- Secretariat and Member States will continue informal discussions on proposed programme budget until mid-February.
- Secretariat will revise and complete the proposal on increase of assessed contributions for submission to Member States by early April to allow sufficient time for review before the 70th WHA.

Agenda items 14 & 15

14.3 / 15.3 Engagement with NSAs, incl. principles for secondments from NGOs, philanthropic foundations and academic institutions

- Noted [EB140/41](#): overview of FENSA implementation via the WHO Regional Offices to date.
- Admitted into official relations: Bill & Melinda Gates Foundation; Grand Challenges Canada; International Rescue Committee; Knowledge Ecology International; and The Fred Hollows Foundation.
- Health & public interest NGOs expressed strong concerns over admitting the Bill & Melinda Gates Foundation because of the Foundation trust's investments in business ventures such as Coca-Cola. More information [here](#).
- The EB also noted [EB140/47](#) which list criteria and principles for secondments from NGOs, philanthropic foundations and academic institutions.

World Health Assembly 2017

- **Provisional agenda** for the 70th World Health Assembly can be found in [EB140/44](#).
- **Dates:** 22 to 31 May (UN Palais des Nations)
- **Note:** Similar to the proceedings at the January Executive Board, it is to be expected that the Election of the WHO Director-General will push back discussion of other agenda items, which may spill over into the 2nd week of the WHA.
- **141st WHO Executive Board** to take place 1 to 2 June 2017 at WHO Headquarters.

Q & A



Preparations for the 2018 High-level Meeting on NCDs



Priya Kanayson
NCD Alliance

UN High-Level Meeting on NCDs 2018

2011

Political
Declaration

First High-level
Meeting on NCDs
(World Leaders)

Third High-level
Meeting on NCDs

2018

2014
Outcome
Document

Second High-level Meeting on NCDs
(Ministers)



2018 Meeting – A changing landscape

New global architecture

- New UN Secretary General
- New UN Deputy Secretary General for SDGs
- New partnerships in UNSG office
- New WHO Director General (and potentially ADGs)
- New WHO NCD Ambassador – Michael Bloomberg

New global policy landscape

- 2030 Agenda for Sustainable Development (inc NCDs)
- Addis Ababa Action Agenda on Financing for Development
- Mid-point for 2025 global NCD targets

Preparations for the 2018 HLM on NCDs

Parts	What it entails	Document
Part 1 (formal) – WHO reports	<ul style="list-style-type: none"> DG's report to UNGA (Oct 2017) 	Report with recommendations
Part 2 (informal) – Other WHO reports	<ul style="list-style-type: none"> Evaluation GAP (Q1/2017) Evaluation GCM/NCD (Q2/2017) 	Recommendations Recommendations
Part 3 (informal) - Intergovernmental process under the auspices of WHO	<ul style="list-style-type: none"> Six WHO-led regional consultations of Member States (October 2017 – March 2018)? Second Ministerial Conference on NCDs? 	Reports with recommendations Declaration
Part 4 (formal) - Intergovernmental process under the auspices of the President of the UN General Assembly	<ul style="list-style-type: none"> PGA appoints two Co-Facilitators Member States negotiate the modalities resolution Informal dialogue with non-State actors Zero draft of the outcome document Member States start negotiations with zero draft 	Recommendations may serve as an input into the zero draft outcome document, to be issued by the Co-Facilitators.

Third WHO DG Progress Report on NCDs

Mandate	UNGA
Timeline (when WHO needs to submit this to NY)	August/September 2017
Outline	Contours endorsed by WHA69, including: <ol style="list-style-type: none">1. Introduction2. Where do we stand? (outcomes, progress and process)3. Progress made in realising commitments/assignments4. Progress made in realising 4 time-bound national commitments for 2015 and 20165. International cooperation6. Recommendations7. Annex: WHO NCD Progress Monitor 2017
Sequencing with other processes	<ul style="list-style-type: none">• WHO Progress Monitor 2017• WHO-led evaluation of GAP• WHA-led evaluation of GCM/NCD

2018 Meeting – Timeline

- **Aug/Sept 2017:** WHO submit progress report on NCDs to UNGA
- **Oct/Nov 2018:** UNGA discussion on progress report
- **Oct-Mar 2018:** regional preparatory meetings
- **Jan – Feb 2018:** Modalities resolution (scope, format, outcome) adopted at UNGA
- **April – June 2018:** Negotiations on Outcome Document
- **June or Sept 2018:** UN HLM on NCDs 2018, New York

NCDA “Process” Priorities

- **Hold regional preparatory meetings in all WHO regions** to prepare gvts early and define regional priorities as input into process and outcome negotiations. Should include multisectoral and multistakeholder segments.
- **Convene a UN Civil Society Task Force (CSTF)** as the official mechanism through which civil society can provide input to the UN HLM preparations.
- **Hold an interactive Civil Society Hearing** to create a space for stakeholders to interact with Member States and offer input to the comprehensive review process. The hearing should be held no later than two months prior to the UN HLM.

NCDA “Process” Priorities, cont.

- **Participation of Member States must be at Heads of State and Government level.** 2018 marks important mid-way point to achieving the global '25 by 25' targets; highest political level of engagement is crucial for the success of the HLM.
- **Hold the UNHLM in September 2018**, just prior to the UN General Assembly (UNGA) for a minimum of two days to allow for sufficient time for discussions.
- **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 preferable to a Chair's Statement or a Declaration.

What Would Success Look Like?

- **Process** – regional prep meetings; full engagement of CSOs (UN civil society task force, CSO hearing); 2 days; HoG/S level; action-oriented outcome document;
Challenge: 3 health-related HLMs planned for 2018 (NCDs, AMR, and TB)
- **Outcomes** – new commitments for member states? New global assignments for WHO/UN? New mandates for certain UN agencies? What are the gaps in the response that need attention?
- **Engagement** – strong presence of HL political leaders and champions; the “unusual suspects” (development, beyond health); people living with NCDs and those affected;

NCDA Strategy for 2018 HLM



1. Advocacy on process

- 2. Consultation on outcomes**
- 3. Outreach to key stakeholders**
- 4. Cultivate high-level champions**

5. Global NCDA Forum, Sharjah UAE

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

EB discussion on HLM preparatory process

WHA discussion on HLM preparatory process


WHO DG Progress Report on NCDs

Start of WHO regional intergovernmental meetings

Q & A



61st Session of the Commission on the Status of Women (CSW61)



Priya Kanayson
NCD Alliance

Commission on the Status of Women

CSW 61

- 13 – 24 March, UN Headquarters, New York
- **Priority theme:** Women's economic empowerment in the changing world of work
 - Review theme: Challenges and achievements in achieving the MDGs for girls and women
- Provisional [agenda](#) and program of work [online](#)
- Commission will adopt a report on its work at the end of the 2 week session

Why is this session important?

- Help demonstrate the natural links between reproductive, maternal, newborn, child and adolescent health (RMNCAH) and NCD agendas
 - How NCDs impact women's economic potential
- Global Strategy for Women's, Children's and Adolescents' Health recognizes need to address NCDs throughout the lifecycle
- Highlight need for and successes of integrated RMNCAH and NCD services



Side Events during CSW61

NCD Alliance Side events

Healthy Women, Healthy Livelihoods: Delivering an Integrated NCD response for all

Wednesday 15 March, 13:15-14:30, Conference Room A
Co-hosts: Mission of Denmark, Women Deliver, Management Sciences for Health, Novo Nordisk

Women and NCDs: Debunking Myths, Taking Action

Thursday 16 March, 13:00 – 15:00 (*by invitation only*)
Co-hosts: Women and NCDs Taskforce, UN Women, International Alliance of Women, Conference of NGOs

Official program of side events will be posted [online](#)

Preparations for the High-Level Political Forum



Priya Kanayson
NCD Alliance

High-Level Political Forum (HLPF)

What is the HLPF?

- Main review body of the 2030 Agenda for Sustainable Development under the auspices of ECOSOC
- Review progress towards and challenges of achieving the Sustainable Development Goals (SDGs)
 - Member State [Voluntary National Reviews](#) (VNRs)

When is the HLPF?

- 10 – 19 July 2017, UN Headquarters, New York
- Ministerial segment: 17 – 19 July



**HIGH-LEVEL POLITICAL FORUM
ON SUSTAINABLE DEVELOPMENT**

2017 HLPF

Theme: Eradicating poverty and promoting prosperity in a changing world



HLPF Preparatory Process

Five regional preparatory meetings

ESCAP
29-31
March
Bangkok

ECE
25 April
Geneva

ECLAC
26-28
April
Mexico

ECA
16-19
May
TBC

ESCWA
3-5
May
TBC

HLPF
10-19
July
New York

Q & A



Thank you!

Please visit our website:

www.ncdalliance.org

[@ncdalliance](https://twitter.com/ncdalliance)

