

The how: a message for the UN high-level meeting on NCDs

This September's UN General Assembly high-level meeting (HLM) on non-communicable diseases (NCDs) provides a strategic opportunity to propel the response—from “where do we want to be” to “how do we get there”.

The WHO Independent High-Level Commission on NCDs¹ made a number of solid proposals to inform HLM negotiations. These include a call for governments to enhance regulatory frameworks to protect health, for example, through a code on the marketing of some health-harming products and a full-cost accounting of these products.

The draft of the HLM's political declaration prioritises universal health coverage, including affordable treatment, and promotion of mental health but falls short on the primary prevention of NCDs and promoting healthy societies as per Agenda 2030.² The transition from health-harming to health-enhancing products and processes requires action across multiple sectors and strengthened public institutions. We propose an agenda for member state HLM negotiators (panel).

First, accountability must be assigned at the highest political levels. The WHO NCD Commission called on heads of government to lead the NCD response, as was the case with effective AIDS responses. This will ultimately empower ministers of health by ensuring all government departments are accountable to national leadership and are enabled to manage political opportunities, barriers, and trade-offs for NCD prevention. Rather than create new vertical structures, the NCD agenda should be integrated into national Sustainable Development Goal (SDG) plans. The declaration must commit to distributed ownership, impact

assessments, policy coherence, and accountability across ministries.

Second, improving fiscal policies should be prioritised. Countries should implement a synergistic approach to taxing sugar (not just sugar-sweetened beverages but also sugary snacks³), tobacco and alcohol, as well as unhealthy nutrients.⁴ The international community should provide technical advice on taxation and removing subsidies for processed foods, alcohol, and fossil fuels, and for divesting from tobacco, alcohol, and fossil fuels; governments should also support healthy local food systems.⁵

Third, additional financial resources must be mobilised. The declaration should call for dramatic financial increases for NCDs over the US\$1 billion currently spent annually. Domestic resource mobilisation, in line with the Addis Ababa Action Agenda, along with development assistance and catalytic external funding, is necessary to address issues of equity, provide public goods, and ensure value for money through evidence-informed resource allocation.

Fourth, the commercial determinants of health should be more rigorously regulated. Evidence suggests that self-regulation cannot be relied on to deliver healthy outcomes. Building on experience from tobacco control, governments must regulate the alcohol, processed, and ultra-processed foods industries.⁶ Access to healthy foods demands effective regulation to improve production and formulation, restrict harmful marketing (particularly to children), mandate better labelling, and set price incentives for healthier consumption. This requires building country capacity, creating strong health provisions in international trade agreements, as well as strengthening international institutions to counteract interference in establishing and implementing evidence-informed standards.

Fifth, the growing impact of pollution and urbanisation on NCDs, injuries, and mental health must be addressed. The

declaration should call on governments and partners to (re)design and build healthy communities that enable people to exercise freely and safely, access healthy foods easily, and reduce their exposure to household, traffic, and industrial pollution.

Sixth, support should be provided for meaningful civil society engagement. Agenda 2030 is premised on effective partnerships, including with civil society. The declaration must ensure meaningful engagement with and by affected communities, citizens, and public interest groups, explicitly highlighting their role in national multi sector planning and coordination platforms and independent accountability mechanisms. Countries should increase investment in the advocacy and service delivery functions of civil society and its networks.

Seventh, principles of equity, human rights, and gender equality must be upheld. Recognising that burden of NCDs and mental health is inequitably distributed across populations, responses must address differential circumstances—for example, socio-economic position, gender, ethnicity, and geography. Explicit commitment to a rights-based approach to prevention and treatment can help empower and protect populations living in vulnerable circumstances. As with previous UN General Assembly political declarations on AIDS,⁷ this would entail non-discrimination in access to information, services, affordable care, medicines, and technology; meaningful participation of people affected by NCDs or mental

Published Online

June 28, 2018

<http://dx.doi.org/10.1016/>

S0140-6736(18)31475-2

Panel: Proposed agenda for member state high-level meeting negotiators

- Assign accountability at the highest political levels
- Prioritise improving fiscal policies
- Mobilise additional financial resources
- Regulate the commercial determinants
- Address the growing impact of pollution and urbanisation on NCDs, injuries, and mental health
- Support meaningful civil society engagement
- Uphold principles of equity, human rights, and gender equality
- Foster independent accountability

health problems; and ensuring affected people know their rights (including to prevention) and have access to legal services to challenge violations.

Finally, independent accountability should be fostered. The declaration should call for an NCD Countdown 2030 that would encompass framing the response under existing human rights treaties, reliable reporting systems, independent monitoring, and review, and mechanisms to enhance and enforce compliance.⁸ Negotiators should embed NCD accountability structures in existing sub national, national, and global SDG monitoring processes, ensuring the declaration highlights principles of transparency, accessibility, and inclusion.

The 2018 declaration must focus on concrete measures that countries can adopt to implement, at a minimum, WHO “best buys”.⁹ Negotiators must make strong commitments to act on the above approaches to NCD prevention. They should seize the opportunity to situate the NCD and mental health response within commitments to a more healthy and sustainable future, embracing food and transport systems, urban planning, conflict mitigation, and pollution control, with the ultimate goal of achieving planetary health.

AJ is supported by a Research Training Stipend from the Australian Government. PVM coordinates the World Bank Group Global Tobacco Control Program, funded under a Multidonor Trust Fund with grants from Bloomberg Philanthropies and the Bill & Melinda Gates Foundation, complementing regular budgetary allocations from the World Bank Group. FT reports grants from Vital Strategies, the Bill & Melinda Gates Foundation, New Venture Fund, Cancer Research UK, the Norwegian Cancer Society, Cancer Council Victoria, the Campaign for Tobacco-Free Kids; and personal fees from the International Development Research Centre, outside the submitted work. FT is Executive Director of the Framework Convention Alliance, which is a global alliance of organisations, several of which advocate for tobacco tax increases. All other authors declare no competing interests. The views expressed in this Correspondence are those of the authors alone and do not necessarily reflect the positions of the institutions to which they are affiliated.

*Friends of the UN HLM on NCDs**

busek@un aids.org

UNAIDS, CH-1211 Geneva, Switzerland

- 1 WHO. Time to deliver: report of the WHO Independent High-Level Commission on Noncommunicable Diseases. June 1, 2018. <https://bit.ly/2j4wsRa> (accessed June 20, 2018).
- 2 UNGA HLM3 NCDs: zero draft outcome document. Essential elements. June 6, 2018. <https://www.un.org/pga/72/wp-content/uploads/sites/51/2018/06/NCD-8-June.pdf> (accessed June 20, 2018).
- 3 Smith RD, Cornelsen L, Quirnbach D, Jebb S, Marteau T. Reducing sugar consumption: are sweet snacks more sensitive to price increases than sugar-sweetened beverages? *BMJ Open* 2018; **8**: e019788.
- 4 Sugar, Tobacco and Alcohol Taxes (STAX) Group. Sugar, tobacco and alcohol taxes to achieve the SDGs. *Lancet* 2018; **391**: 2400–01.
- 5 Monteiro C, Cannon G. The impact of transnational “Big Food” companies on the South: a view from Brazil. *PLoS Med* 2012; **9**: e1001252.
- 6 Moodie R, Stuckler D, Monteiro C, et al. Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries. *Lancet* 2013; **381**: 670–79.
- 7 UN General Assembly. Political declaration on HIV and AIDS: on the fast track to accelerating the fight against HIV and to ending the AIDS Epidemic by 2030. A/RES/70/266. June 22, 2016. <http://www.unaids.org/en/resources/documents/2016/2016-political-declaration-HIV-AIDS> (accessed June 20, 2018).
- 8 Hunt P. SDGs and the importance of formal independent review: an opportunity for health to lead the way. *Health and Human Rights Journal*. Sept 2, 2015. <https://www.hhrjournal.org/2015/09/sdg-series-sdgs-and-the-importance-of-formal-independent-review-an-opportunity-for-health-to-lead-the-way/> (accessed June 20, 2018).
- 9 WHO. ‘Best buys’ and other recommended interventions for the prevention and control of noncommunicable diseases: tackling NCDs. Oct 17, 2017. <http://apps.who.int/iris/bitstream/handle/10665/259232/WHO-NMH-NVI-17.9-eng.pdf?sequence=1> (accessed June 20, 2018).

*See Online appendix for members of Friends of the UN HLM on NCDs