

CIVIL SOCIETY STATEMENT

Time to Deliver in 2018: Bolder Commitments and Action Needed to Reverse the Tide of Noncommunicable Diseases and Mental Health Disorders

Tuesday 5 June 2018

The NCD Alliance and over 160 civil society organisations welcome the Report of the WHO Independent High-Level Commission on Noncommunicable Diseases (NCDs), [Time To Deliver](#), launched on Friday 1 June in Geneva, Switzerland, ahead of crucial negotiations for the United Nations High-Level Meeting on NCDs (UN HLM) taking place in New York this coming September.

The Commission's report draws a line in the sand on the need for political leaders to accept that progress to date has been severely inadequate and out of step with the growing burden of NCDs and mental and neurological health. All evidence points to the same unpleasant reality: that if the current pace of progress continues unabated, by 2030 the agreed Sustainable Development Goal (SDG) target to reduce NCD mortality will remain a distant reality, failing millions of people and challenging the achievement of all other SDG targets and goals within and beyond health.

The consequences of these projections are real and devastating. Millions more people and communities will have lost loved ones of all ages to avoidable death. Millions more will have witnessed the carnage of amputations and disability that these conditions cause when undiagnosed and untreated. Millions more will have struggled with the entrenched poverty and untold misery that are often the product of weak health and social protection systems.

The 40 million people who die every year due to NCDs and are repeatedly referenced in reports are not just numbers on a page. They are people, with families and stories, and a right to the enjoyment of the highest attainable standard of physical and mental health. But accidents of geography and poverty are still tragically cutting lives short.

As civil society organisations and people living with, affected by, or at risk of NCDs, we are all too familiar with the realities on the ground and the consequences of political inertia to people, communities and the most vulnerable. Collectively, we have had enough of political inaction and the glacial progress on NCDs.

We are impatient for change, and we not only join the Commission in saying it is time for our governments to deliver, but that delivery on commitments is overdue and vital. If countries want to avoid sleepwalking into a sick future, the 2018 UN High-Level Meeting on NCDs must result in bold commitment and action.

Strengths of the HLC Report

Civil society strongly supports the Commission's recommendations to governments to scale up resources commensurate with the burden of NCDs, adopt a life course and human rights-based approach and sharpened focus on implementing a priority set of evidence-based and cost-effective interventions, galvanise more effective and meaningful engagement with civil society, integrate health promotion and the prevention, treatment and care of NCDs and mental health services into universal health coverage (UHC) packages, and establish stronger accountability for commitments and resources.

A highlight of the report is the Commission's call for **ownership of national NCD responses from the very top – Prime Ministers and Presidents**. This is crucial, given the causes and solutions for NCDs extend well beyond the health sector and require a whole-of-government response, and timely given that we can currently count on two hands the number of Presidents and Prime Ministers who have been courageous and visionary when it comes to their citizens' health. We implore leaders to heed the call to step up and truly demonstrate commitment to putting people first.

We are particularly pleased to see the recognition of **the importance of civil society** at all levels for NCD prevention and control, and the need to invest in strengthening civil society and alliances, particularly in low- and middle-income countries. The rationale for investing in civil society is clear: a vibrant and strong NCD civil society movement capable of delivering its four primary roles—advocacy, awareness raising, improving access, and accountability—are prerequisites for progress.

Another highlight is the specific **focus on accountability**. For too long, accountability has been an afterthought in the response, rather than a driving force for political and programmatic change. As a result, the last decade has seen important commitments and declarations made, but a significant lack of implementation and follow up. Strong national surveillance and accountability systems are critical to meaningfully assess progress and ensure the most effective use of limited resources. The inclusion of initiatives such as NCD Countdown is also an important step forward for accountability, drawing upon the experiences of women and children's health and HIV/AIDS of the value that independent accountability can provide and the vital role of civil society. Civil society shadow reports can also be a key instrument to hold governments to account.

Where the HLC Report Falls Short

We believe the Commission's report provides a valuable framing for the upcoming negotiations of the UN High-Level Meeting on NCDs. However, it falls short on a number of issues that are crucial if the UN HLM is to be a true turning point in the response to NCDs. We highlight five specific points:

1. **Put people first and meaningfully involve people living with NCDs and young people:** Whilst there are recommendations on civil society and the importance of meaningfully involving people living with NCDs (PLWNCDs) and youth, we believe the report should have gone further. In many countries, involvement of PLWNCDs and civil society including youth remains tokenistic at best, and completely absent at worst. Drawing upon the experience of HIV/AIDS, we call upon governments to commit to developing a set of global principles and standards for involvement of PLWNCDs and young people. These principles would aim to realise the rights of PLWNCDs and the voices of the next generation, including their right to participation in decision-making processes that affect their lives, as well as seek to enhance the quality, effectiveness and sustainability of the NCD response. Young people are agents of change, and should be empowered and enabled to participate in decision-making processes at all levels.
2. **Call out the commercial determinants of health as a major obstacle to progress:** The report sidestepped the well-documented history of unhealthy commodity industries (big tobacco, alcohol, and food and beverage) of infiltrating public health organisations, subverting science, and interfering with and undermining public policies that promote health. The report recommends that "*a fresh*

relationship be explored with the food, non-alcoholic beverage, catering, technology, transportation, and media industries," and we agree that a new kind of relationship is needed due to the poor track record of voluntary commitments and self-regulation. The striking contrast between the Commission's references to avoiding engagement with the tobacco industry with its explicit encouragement for engagement with industries such as alcohol, and food and beverage is counterproductive and will empower these industries to assert a position of credibility in policymaking. The Commission failed to acknowledge that, even in the absence of a legal treaty that prescribes interactions between government and the industry, the same principles should apply to engagement with other industries whose commercial interests are at odds with public health. We call on governments to learn from past experiences and adopt effective regulatory measures, as well as establish and enforce strict engagement principles that manage conflicts of interest, ensure transparency, limit private sector involvement and influence on public health policymaking, and ensure that any engagement is restricted to policy implementation.

3. **Adopt a comprehensive approach to sugar, tobacco and alcohol taxes (STAX):** The Commission's report encourages governments to implement fiscal measures including raising taxes on tobacco and alcohol, but falls short of explicitly mentioning taxation of sugar-sweetened beverages (SSBs). This runs contrary to WHO's evidence-based guidance, which WHO Director-General Dr Tedros has consistently reinforced. Sugar, added sugars, and, in particular, sugar-sweetened beverages (SSBs), are leading drivers of the obesity and NCD epidemic. There is promising evidence from many countries to demonstrate that taxation on SSBs should be included as part of a comprehensive approach to NCD prevention and control that both reduces consumption and provides a source of domestic revenue. Civil society urgently calls for governments to take a step further at the UN HLM and adopt a more comprehensive approach to taxation – including of sugar, tobacco and alcohol (referred to as [STAX](#)). STAX are gaining more attention as an indispensable policy tool to improve public health, save millions of lives, and generate resources to invest in health, nutrition and other sustainable development priorities.

4. **Tackle the NCD risk factors in a comprehensive manner, ensuring not to overlook two particular areas:**
 - **Take a tougher stance on alcohol control:** Harmful use of alcohol remains marginalised in the report in spite of its severe threat to public health worldwide, with links to NCDs, gender-based violence, road traffic injuries, and mental health disorders. Taxation and the regulation of marketing and sales are critically important interventions that need to be scaled up, but have been consistently blocked by the alcohol industry in many countries.
 - **Build upon the momentum for action on physical activity:** The new WHO Global Action Plan on Physical Activity (GAPPA) seeks to help more people be active for a healthier world by recommending 20 enabling actions for diverse stakeholders including multiple government sectors. GAPPA exemplifies the need to optimise the UN HLM and the work of the HLC to make bold commitments on co-benefit solutions for people, the planet and prosperity.

- 5. Maintain a balanced approach to prevention and treatment in the NCD response:** Civil society welcomes the inclusion of a dedicated recommendation on health system strengthening and UHC for NCD prevention and control. It will be impossible to achieve SDG 3.4 without addressing the gaping chasm in access and availability to NCD diagnosis, treatment and care services for millions of people living with NCDs today in LMICs. It will be crucial that UN HLM deliberations balance both prevention and treatment. In addition, for UHC to truly deliver for people living with NCDs, palliative care and rehabilitative services must be included, and services must be strengthened at secondary and tertiary levels in addition to beyond primary care.

The High-Level Commission has provided important guidance and recommendations into the UN HLM process. Civil society is ready to work with WHO and governments in the lead up to the HLM and beyond to build on these recommendations and set the bar higher for people at risk of and living with NCDs worldwide. The clock is ticking. It is well past the time to deliver on NCD prevention and control and mental health, to end preventable suffering and death, and to stand up to the powerful industries that shape the environments in which we live.

Co-signing organisations as of 16:00 EST Tuesday 5 June:

Access Chapter 2
ACT Health Promotion
Action on Smoking and Health ASH (US)
Africa & Middle East Congress on Addiction (AMECA)
AIDS Accountability International
Alcohol and Drug Information Centre (ADIC)
Aliança Pela Alimentação Adequada e Saudável - Alliance for Healthy Diets
Alzheimer's Disease International
Alzheimer's SA
Amardeep India
American Heart Association
Antigua and Barbuda Diabetes Association
Aprofe - Associação Pró - Falcemicos - Brazil
Asociación Argentina de Medicina y Cuidados Paliativos
Asociacion Boliviana de Cuidados Paliativos
Asociación Colombiana de cuidados paliativos ACCP
Asociacion Dominicana para el Estudio Tratamiento de Dolor y Cuidados Paliativos
Asociación Latinoamericana de Cuidados Paliativos
Asociación Omega
Asociacion Panamena de Cuidados Paliativos (APCP)
Asociacion Paraguaya de Medicina y Cuidados Paliativos
Association of General Practitioners of Jamaica
Association of Palliative Care of Kyrgyz Republic
Australian Chronic Disease Prevention Alliance
Barbados Association of Palliative Care
Beat Rheumatic Heart Disease Zambia
Belize Cancer Society
Bermuda Cancer and Health Centre
Bindindissamtökin IOGT á Íslandi
Brain Society
Bwalo Global Development Trust
Cancer Association of South Africa
Caribbean College of Family Physicians Jamaica Chapter

Cayman Islands Cancer Society
Celiapenny Foundation for the Prevention of Malnutrition in Africa
Centar za edukaciju mladih
Center Action against Alcoholism - Mexico
Center for Community and Educational Responses CRECE
Centre for Epidemiology and Health Development
Centre for Youth Work
Conselho Federal de Nutricionistas (CFN)
ContraPESO
Dementia Care Initiatives
Diabetes Philippines, Inc.
Dominica Diabetes Association
East African Health Platform (EAHP)
East African NCD Alliance (EANCDA)
Eastern Mediterranean NCD Alliance
Egypt Health Foundation
EMR-NCD Alliance
European Chronic Disease Alliance
European Public Health Alliance (EPHA)
FDI World Dental Federation
Foppesp - Forum dos portadores de patologias do Estado de São Paulo - Brazil
FORUT
Foundation for Alcohol Research and Education
Friends Of Cancer Patients UAE
Fundación Ellen Rlegner de Casas
Fundación Salud "Dr. Augusto Turenne"
Ghana NCD Alliance
Global Alcohol Policy Alliance
Grenada Heart Foundation
Growth Dimensions Africa (GDA)
Health Horizons International
HealthBridge Foundation of Canada
HealthJustice Philippines
Healthy Caribbean Coalition

Healthy India Alliance
Healthy Latin America Coalition / Coalición Latinoamérica Saludable CLAS
Heart & Stroke Foundation of Barbados
Hope for Future Generations Ghana
Hospice Africa
HRIDAY (Health Related Information Dissemination Amongst Youth)
IDEC
Innovating Health International
Institute of Alcohol Studies
Institute of Leadership and Development
Instituto Desiderata
Inter-American Heart Foundation
Inter-American Heart Foundation Mexico
International Federation of Medical Students' Associations
International Society of Nephrology
International Union for Health Promotion and Education (IUHPE)
IOGT International
IOGT Switzerland
IOGT-NTO
IOGT-NTO Movement Sweden
IOGT-VN
Iringa Development of Youth Disabled and Children care (IDYDC)
John E Sabga Foundation for Pancreatic Cancer
Kantonaler Abstinertenverband Zürich
Kenya Hospices and Palliative Care Association (KEHPCA)
King Hussein Cancer Foundation
Maldives NCD Alliance
Medopal
Mesa Colombiana por las Enfermedades Crónicas
Mexican Association for the Fight against Cancer
Mexico Salud-Hable Coalition
Michael and Francisca Foundation
NACOSA
Nada India Foundation

National Alliance for Tobacco Control ALIENTO
National Heart Foundation of Bangladesh
NCD Alliance Malawi
NCD Alliance Nigeria
NCD Child
NCD Malaysia
New Vois Association of the Philippines
Nigeria Alcohol Prevention Youth Initiative
Nigerian Cancer Society
Nigerian Heart Foundation
Observatory on Food and Nutrition Security Policies - University of Brasilia
ONG Santé Diabète
People Against Drug Dependence and Ignorance
People's Health Foundation
Philippine Alliance of Patient Organizations
Population Services International (PSI)
Portuguese Observatory of Palliative Care
PREVENT UK
Research and Training Center for Community Development (RTCCD)
Reseau Jeunesse Population et Developpement du Senegal RESOPOPDEV
RISE (St. Lucia) Inc.
Royal Health Awareness Society
SA Federation for Mental Health
Salud Crítica
Saudi Diabetes & Endocrine Association
SECPAL (Palliative Care Spanish Society)
Sociedad Hondureña para el estudio y tratamiento del dolor
Sociedad médica de Cuidados Paliativos Chile
Sociedad Peruana de Cuidados Paliativos
Sociedad venezolana de Medicina Paliativa
South African NCD Alliance
Southern African Alcohol Policy Alliance
St Vincent & The Grenadines Diabetes & Hypertension Association Inc.
St. Lucia Diabetes & Hypertension Association

StopDrink Network, Thailand
Stroke Action Nigeria
Stroke Action UK
Stroke Association Support Network - Ghana
Taskforce on Women & NCDs
Tata Memorial Hospital
The Barbados Association of Endometriosis and PCOS
The George Institute for Global Health
The Heart Foundation of Jamaica
The Jamaica Coalition for Tobacco Control
The National Cancer Society of Malaysia
The Wellbeing Initiative
Tiny Hearts of Maldives
Tobacco Free Association of Zambia
UAE Genetic Diseases Association
UEDA
UK Health Forum
Vietnam NCD Alliance (NCD-VN)
Vision for Alternative Development
Vital Strategies
Voices of Community Action & Leadership (VOCAL-KE)
West African Alcohol Policy Alliance (WAAPA)
Women's Coalition Against Cancer
Women's Coalition Against Cancer in Malawi
World Cancer Research Fund International
World Child Cancer
World Stroke Organization
Worldwide Hospice Palliative Care Alliance
Yellow Warriors Society Philippines
Young Professionals Chronic Disease Network
Youth SRH Network Uganda
Zambia Heart and Stroke Foundation
Zambia Non Communicable Diseases Alliance