

# DRAFT FIRST REPORT OF THE WHO INDEPENDENT HIGH-LEVEL COMMISSION ON NON-COMMUNICABLE DISEASES

VERSION DATED 1 MAY 2018

## DISCLAIMER:

This draft report dated 1 May 2018 was developed based on the meetings of the WHO Independent High-level Commission on NCDs and a Technical Consultation.

This draft report is not the final report of the Commission. It does not represent an official position of the World Health Organization or any of the Co-Chairs or Commissioners.

This draft report is a tool to explore the views of interested parties on the subject matter. It will be revised based on further input received.

## Table of Contents

Pending

**DISCLAIMER: WORKING COPY ONLY  
NOT ENDORSED BY ANY OF THE CO-CHAIRS OR COMMISSIONERS**

## Message from the Co-Chairs

*Geneva, 1 June 2018*

The 2030 Agenda for Sustainable Development, with its pledge to leave no one behind, is our boldest agenda for humanity. It will require equally bold actions from Presidents and Prime Ministers to deliver on, as one of their targets, their time-bound promise to reduce one-third of premature mortality from NCDs through prevention and treatment and promote mental health and well-being.

Because many policy commitments are not being implemented, countries will simply not achieve this target. Country actions against NCDs are uneven, at best. National investments remain woefully small and not enough funds are being mobilized internationally. There is still a sense of business-as-usual rather than the urgency that is required. Plenty of policies have been drafted, but structures and resources to implement them are scarce.

The challenge is not only to gain political support, but also to guarantee investment and implementation. We need to keep arguing for NCDs to have greater priority, but countries must also take responsibility for delivery on agreed outputs and outcomes, as stated in endorsed documents. There is no excuse for inaction, as we have evidence-based solutions.

The WHO Independent High-level Commission on NCDs was convened by the WHO Director-General to advise him on bold recommendations on how countries can accelerate progress towards SDG target 3.4 on the prevention and treatment NCDs and the promotion of mental health and well-being.

On behalf of all the Commissioners, we would like to express our thanks to the many representatives from Member States, nongovernmental organizations, business associations, UN agencies, academia, and other experts who have provided ideas and advice to us over the course of the last few months.

The Commissioners have carefully considered all inputs received, including those from a Technical Consultation held in March 2018 and an open web consultation in May.

We have debated a large number of ideas gathered from a wide variety of sources. Our primary focus has been to advise the WHO Director-General by developing recommendations aimed at Heads of State and Governments.

The recommendations are given independently by the Commission for the consideration of the WHO Director-General, governments and other stakeholders.

There are many proven interventions for the prevention and management of NCDs. However, for many reasons, implementation of these has been slow and progress disappointing.

**DISCLAIMER: WORKING COPY ONLY  
NOT ENDORSED BY ANY OF THE CO-CHAIRS OR COMMISSIONERS**

Thus, we have sought to imagine different ways of doing things and to formulate recommendations that are not overly technical but policy-friendly.

We believe the actions proposed in this report are transformative, actionable, and innovative, and will have an impact on mortality, morbidity and suffering caused by NCDs.

(Signed)

**DISCLAIMER: WORKING COPY ONLY  
NOT ENDORSED BY ANY OF THE CO-CHAIRS OR COMMISSIONERS**

## Executive Summary

Pending

### Introduction

1. Recognizing the lack of global progress in combating NCDs, the very real possibility that Sustainable Development Goal 3.4 will not be met, and as part of the preparations for the Third High-level Meeting of the UN General Assembly on NCDs that will take place in New York on 27 September 2018, WHO Director-General Tedros Adhanom Ghebreyesus established a new Independent High-level Commission on NCDs in October 2017.<sup>1</sup>
2. The Commission is needed primarily to advise the WHO DG, according to his request. We also hope that this first report, with its actionable recommendations, may be considered as part of the preparations for the third High-level Meeting on NCDs in September 2018.
3. Dr Tedros charged the Commission with identifying bold recommendations to enable countries to curb the world's biggest causes of death and so extend life expectancy for millions of people. He asked for recommendations on how to intensify political action to prevent premature death from cardiovascular disease (stroke and heart attacks), cancers, diabetes and respiratory disease reduce tobacco use, harmful use of alcohol, unhealthy diets, and physical inactivity, and promote mental health and well-being.
4. Five Co-Chairs were appointed to lead the Commission, and 25 eminent persons as Commissioners, drawn from all WHO regions, and with experience and expertise from across government sectors, organizations of the UN system, NGOs, the private sector, philanthropy, and academia (Appendix 1).
5. Terms of reference for the Commission were published in October 2017.<sup>2</sup>
6. The remit of the Commission is to provide a report to the WHO Director-General that identifies options for action in a number of areas: political choices; governance; science and technology innovations; financing for NCDs (both catalytic and domestic resource mobilization); international cooperation; accountability mechanisms; impact of economic, market, and commercial factors; and modalities for integrating mental health within the NCDs framework.

---

<sup>1</sup> <http://www.who.int/mediacentre/news/statements/2017/ncd-commission/en/>.

<sup>2</sup> <http://www.who.int/ncds/governance/high-level-commission/NCDs-High-level-Commission-TORs.pdf?ua=1>.

**DISCLAIMER: WORKING COPY ONLY  
NOT ENDORSED BY ANY OF THE CO-CHAIRS OR COMMISSIONERS**

7. The Commission held two meetings by teleconference (March 2 and 26), and one face-to-face meeting (7 May) at WHO Headquarters in Geneva.

8. In addition, at the request of the Commission, a technical consultation was held March 21-22 in Geneva. This group of experts was convened to develop innovative recommendations for the Commission's consideration. Geneva-based Missions were invited as observers. The consultation was charged with providing an analysis of new, bold ideas and innovative recommendations, aimed at the highest levels of government. None of the resulting recommendations provided were binding on the Commission, but were provided solely for its consideration in formulating its own criteria and final recommendations. A report of the technical consultation was provided to the Commission and posted on the WHO website.<sup>3</sup>

9. To further strengthen its work, the WHO Secretariat agreed to engage with the following partnerships: *The Lancet* Task Force on the Economics of NCDs, and Bloomberg Philanthropies Task Force on Fiscal Policy for Health. These partnerships were chosen because of their ability to provide inputs that could be considered by the Commissioners to inform the report during the time frame in which the report was being developed.

10. At its meeting on 7 May 2018, the Commission discussed and finalized this report.

11. The draft report was made publicly available for a web-based consultation. Inputs received were assessed by the Commission and considered in the revision of its report.

12. The report is being given to the WHO Director-General, who is expected to interact directly with Heads of State and Government around the recommendations. The recommendations are intended for Heads of State, Government and policy-makers across government sectors, and actionable recommendations as input towards the Third High-level Meeting of the UN General Assembly on NCDs<sup>4</sup>.

## Burden and impact of NCDs and mental health disorders

13. Non-communicable diseases currently pose one of the biggest threats to health and development globally, particularly in the developing world. Failure to implement proven interventions is rapidly increasing health care costs, and continued lack of investment in action against NCDs will have enormous health, economic, and societal consequences. The WHO investment case showed that spending an additional US\$*x.xx* per person per year in low- and lower-middle-income countries will save *x.x* million lives and generate billions of dollars. If all countries put in place the most cost-effective

---

<sup>3</sup> [http://www.who.int/ncds/governance/high-level-commission/HLC\\_Final\\_report\\_of\\_the\\_Technical\\_Consultation\\_21-22\\_March\\_2018-CORR1.pdf](http://www.who.int/ncds/governance/high-level-commission/HLC_Final_report_of_the_Technical_Consultation_21-22_March_2018-CORR1.pdf).

<sup>4</sup> In accordance with paragraph 5b of the terms of reference of the Commission available at <http://www.who.int/ncds/governance/high-level-commission/NCDs-High-level-Commission-TORs.pdf?ua=1>.

**DISCLAIMER: WORKING COPY ONLY  
NOT ENDORSED BY ANY OF THE CO-CHAIRS OR COMMISSIONERS**

interventions, by 2030, they will not only save millions of lives, but also see a return of \$x per person for every one dollar invested<sup>5</sup>.

14. Too many people around the world die prematurely, including between the ages of 30 and 70, as a result of four NCDs—cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes. These four diseases account for more than 80% of these premature deaths, and they are largely preventable through public policies that tackle four main risk factors: tobacco use, harmful use of alcohol, unhealthy diets, and physical inactivity.

15. There is increasing evidence about the role of indoor and outdoor air pollution, with its links to climate change and urbanization, in the development of NCDs, and a greater realization of the critical need to prevent and treat mental disorders as an integral part of action against NCDs. Mental health conditions impose an enormous disease burden on societies: depression alone affects 200 million people globally and is the leading cause of disability worldwide.

16. Although the number of premature deaths has risen in the years 2000 to 2015, the probability of dying from any one of the four major NCDs is declining. This is mainly a result of two factors: a growing population aged 30 to 70, and falling mortality in only two categories, cardiovascular and chronic respiratory diseases. However, the global rate of decline, 17% between 2000 and 2015, is still not enough to meet the target of a one-third reduction in premature mortality from NCDs by 2030, as specified in SDG 3.4.

17. Further, the burden of NCDs continues to rise disproportionately in low- and lower-middle-income countries, where 47% (7 million) of premature deaths from NCDs occur. In 2011, world leaders noted with grave concern the vicious cycle whereby NCDs and their risk factors worsen poverty, while poverty contributes to rising rates of NCDs, posing a threat to public health and economic and social development.<sup>6</sup> The recently published *Lancet Taskforce on NCDs and Economics* shows a strong connection between economic growth and controlling NCDs. Poverty contributes to the negative impact of NCDs.<sup>7</sup>

## Policies and programmes that have best driven progress

18. WHO Member States have adopted a number of instruments that set out proven interventions, including the Global Action Plan for Prevention and Control of NCDs (2013-2020). The Global Action Plan also refers to a number of other instruments, including the WHO Framework Convention on Tobacco Control, the Global Strategy on Diet Physical Activity and Health, the Global Strategy to Reduce Harmful

---

<sup>5</sup> WHO Global investment case for NCDs: “Saving lives, spending less” (launched on 20 May 2018).

<sup>6</sup> Paragraph 22 of A/RES/66/2 available at [http://www.who.int/nmh/events/un\\_ncd\\_summit2011/political\\_declaration\\_en.pdf?ua=1](http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf?ua=1)

<sup>7</sup>The papers are available at: <http://www.thelancet.com/series/Taskforce-NCDs-and-economics>.

**DISCLAIMER: WORKING COPY ONLY  
NOT ENDORSED BY ANY OF THE CO-CHAIRS OR COMMISSIONERS**

Use of Alcohol and an Implementation Plan to guide further action on the recommendations of the Commission on Ending Childhood Obesity. WHO's Comprehensive Mental Health Action Plan, 2013-2020, lists actions and targets for Member States, WHO, and international and national partners to take to strengthen and integrate mental health prevention and prevention services, including proven interventions.<sup>8</sup> The Commission accepts and builds upon the recommendations made in these agreed instruments.

19. WHO reported on progress in implementation of these instruments to the UN General Assembly (UNGA) in 2010,<sup>9</sup> 2011, and 2013, and 2017, with individual country data published separately in the WHO NCD Progress Monitor. Country scorecards are available in WHO's Think Piece "Why is 2018 a strategically important year for NCDs".<sup>10</sup>

## Global commitments to prevent and treat NCDs

20. In recent years, awareness of the NCDs problem has been growing, with the UN and WHO calling for action on the issue in several international fora. Recognizing that NCDs constitute one of the major challenges for development in the 21<sup>st</sup> century, the UN General Assembly has convened two high-level meetings on NCDs. The 2011 meeting resulted in a UN Political Declaration, in which multiple commitments were made for the prevention and management of NCDs by countries, and multilateral and donor agencies. Subsequently, WHO Member States agreed to a 25% reduction in premature NCD mortality by 2025 (25x25) and then adopted a set of risk factor and health system targets which, if met, would ensure achievement of the 25x25 mortality target.

21. In 2014, Member States adopted an Outcome Document at the UN General Assembly, which included four time-bound commitments, using 10 progress indicators, for implementation in 2015 and 2016. These commitments are: setting national NCD targets; developing a national plan; reducing risk factors for NCDs; and strengthening health systems to respond to NCDs.

22. Unfortunately, progress towards fulfilling these commitments has been disappointing. As of 2017, 83 countries had made poor or no progress on the four time-bound commitments (based on countries reporting fewer than 5 fully achieved indicators out of the total possible 19 indicators). No country has fully achieved all 19 indicators.

23. In 2015, countries agreed to the Sustainable Development Goals, including a specific NCD target within the health goal—one-third reduction of premature NCD mortality by 2030 through prevention and treatment of NCDs and the promotion of mental health and wellbeing (SDG 3.4). SDG 3.A calls upon States to "strengthen the implementation of the World Health Organization Framework Convention on

---

<sup>8</sup> [http://www.who.int/mental\\_health/action\\_plan\\_2013/en/](http://www.who.int/mental_health/action_plan_2013/en/).

<sup>9</sup> Available at <http://www.who.int/ncds/governance/en/>.

<sup>10</sup> (<http://www.who.int/ncds/governance/high-level-commission/why-2018-important-year-for-NCDs.pdf?ua=1>).

**DISCLAIMER: WORKING COPY ONLY  
NOT ENDORSED BY ANY OF THE CO-CHAIRS OR COMMISSIONERS**



Tobacco Control in all countries, as appropriate” and 3.B calls for support for research and development of, and provide access to, vaccines and medicines, for the communicable and non-communicable diseases that primarily affect developing countries. Some countries made an additional (voluntary) commitment to act on nutrition and unhealthy diet through the Decade of Action on Nutrition.<sup>11</sup>

24. Other SDGs are relevant to the NCD agenda, including SDGs 11 and 12 (sustainable cities and communities; and responsible consumption and production, which addresses issues related to food), and SDGs 16 and 17 (peace, justice, and strong institutions; and partnerships for the Goals).

25. In summary, although there has been some action against NCDs at both country and international levels, unless there is a serious change in approach, SDG 3.4 will not be reached.

## Challenges to implementation

26. Commitments that have been made have not been translated into sustained investments or in financing for NCD programmes. A paper submitted to the 71<sup>st</sup> World Health Assembly of WHO contains a detailed analysis of obstacles at national and subnational levels to implement the best buys and other recommended interventions,<sup>12</sup> as does the UN Secretary-General’s recent Progress Report on NCDs.<sup>13</sup>

27. Many countries also do not have the requisite technical expertise, resources, research capacity, and evidence base to address NCD challenges. These countries need technical support, training, and capacity-building initiatives.

28. Weak health systems, inadequate access, and lack of prevention and health promotion services and evidence-based interventions and medicines, are other challenges to each country’s path towards UHC in line with its national context and priorities.

29. Health-in-all-policies, whole-of-government, cross-sectoral approaches are critical to addressing NCDs. Unfortunately, the policies of the health sector are sometimes at odds with the interests of trade, agriculture and industry, as are economic, market and commercial factors.<sup>14</sup>

30. Although many proven interventions for NCDs exist, many countries are lagging behind in implementing them. There are a number of reasons for this, but the main obstacles include:

- lack of priority-setting;
- lack of political will and capacity to overcome the economic, market and commercial factors that contribute to the burden of NCDs;

---

<sup>11</sup> <https://www.un.org/nutrition/home>

<sup>12</sup> [http://apps.who.int/gb/ebwha/pdf\\_files/EB142/B142\\_15-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/EB142/B142_15-en.pdf); see Table 5.

<sup>13</sup> [https://digitallibrary.un.org/record/1474584/files/A\\_72\\_662-EN.pdf](https://digitallibrary.un.org/record/1474584/files/A_72_662-EN.pdf).

<sup>14</sup> See Alwan A, “How to combat the NCD epidemic,” in <http://bf623ce1653f928928a3-abde0f072b38553421c632c09b95b839.r69.cf2.rackcdn.com/UNA-UK%20SDGs%202018.pdf>.

**DISCLAIMER: WORKING COPY ONLY  
NOT ENDORSED BY ANY OF THE CO-CHAIRS OR COMMISSIONERS**

- insufficient (domestic and international) financing to scale up national NCD responses; and
- lack of accountability.

## Rationale for the recommendations

31. Although this report is intended to advise the WHO Director-General, the recommendations themselves are targeted at Member States and other stakeholders. The Commission agreed upon certain criteria for inclusion in the recommendations: specifically, recommendations should have the potential to be actionable, innovative, transformative, and scaled up (and thus be transformative in terms of their health impact) and feasible to implement across all contexts.

32. The Commission recommends that all activities be framed within existing principles (i.e., human rights and equity-based approaches, multi-sectoral and multi-stakeholder action, health-in-all-policies, whole-of-government and whole-of-society approaches, national action supported by international cooperation and solidarity, life-course approach, empowerment of people and communities, evidence-based strategies, UHC, and management of conflicts of interest).

33. The Commission recognizes that a great deal of work has already been done in the NCD arena; its recommendations are not meant to duplicate these but to build on them and to suggest new areas for action. There is international consensus that premature deaths from NCDs in people between the ages of 30 and 70 years can be largely prevented or delayed by implementing the “best buys and other recommended interventions for the prevention and control of NCDs”<sup>15</sup> endorsed by the World Health Assembly in resolution WHA70.11 in May 2017.<sup>16</sup> Prevention is crucial, but investing in better management of the four main NCDs is an essential component of any national response to NCDs that may prevent one-third to one-half of premature deaths from such diseases.

## Recommendations

### Prioritization

34. Although proven evidence-based interventions for NCDs prevention and management exist, the Commission recognizes that countries may find it difficult to implement all of them at once. The

<sup>15</sup> Tackling NCDs: ‘best buys’ and other recommended interventions for the prevention and control of noncommunicable diseases. Geneva: World Health Organization; 2017 (<http://www.who.int/ncds/management/best-buys/en/>, accessed 29 March 2018).

<sup>16</sup> Italy and the United States of America dissociated themselves from operative paragraph 1 of resolution WHA70.11 and did not endorse the updated set of best buys and other recommended interventions for the prevention and control of noncommunicable diseases. They stated, inter alia, that they believe that the evidence underlying certain interventions was not yet sufficient to justify their inclusion. They considered that the proposed interventions should also reflect the view that all foods could be part of an overall healthy diet.

**DISCLAIMER: WORKING COPY ONLY  
NOT ENDORSED BY ANY OF THE CO-CHAIRS OR COMMISSIONERS**

Commission recommends that each country, according to its national context, focuses on a few prioritized interventions that are potentially scalable, feasible in all settings, delivered through primary health care, and that can substantially contribute to the achievement of the SDG 3.4 NCD target. Focusing on a few prioritized interventions will achieve results that will be useful for building a comprehensive approach to combating NCDs.

35. More broadly, the NCD agenda must be firmly placed on the path to UHC. Governments should ensure that coverage for NCD prevention and management is part of UHC entitlements. Health systems should continue to be reoriented to respond to need for effective management of diseases of a chronic nature.<sup>17</sup> This can be done readily in settings where HIV chronic-care platforms have been established, as these provide an opportunity, building on the commitments made in 2011, to jumpstart nascent NCD programmes.<sup>18</sup>

**RECOMMENDATION 1: Identify and implement a small set of priorities within the overall NCD and mental health agenda. Prioritization is the key to achieve the scale-up that countries need to reach the SDG 3.4 target.**

- a) Countries should prioritize a few of the cost-effective interventions that have been endorsed by the World Health Assembly, based on sound data on morbidity and mortality and their main drivers. These priorities should include:
  - 1) Implementing comprehensive tobacco-control programmes.
  - 2) Reducing sodium and eliminating artificial trans-fat.
  - 3) Treating every patient with hypertension and high-risk patients with statins and aspirin.
  - 4) Eliminating cervical cancer through vaccination, screening, and treatment.
  - 5) Scaling up treatment of depression in primary health care.
- b) Countries should also work towards:
  - 1) Promoting a healthier environment through improvements in indoor and outdoor air quality, and healthier design of buildings, roads, and communities.
  - 2) Ensuring that NCD and mental health interventions are integrated into the development of UHC. Primary health care responses should be strengthened, especially through integration of NCDs into programmes for sexual and reproductive health, maternal and child health, HIV, and TB.

## The private sector

36. It is now well established that to influence health outcomes, stakeholders outside traditional health sectors must be brought together and engaged. The 2011 Political Declaration on NCDs called for

<sup>17</sup> Paragraph 2 of A61/8 available at [http://apps.who.int/gb/archive/pdf\\_files/A61/A61\\_8-en.pdf](http://apps.who.int/gb/archive/pdf_files/A61/A61_8-en.pdf)

<sup>18</sup> See [http://www.unaids.org/en/resources/documents/2011/20110526\\_JC2145\\_Chronic\\_care\\_of\\_HIV](http://www.unaids.org/en/resources/documents/2011/20110526_JC2145_Chronic_care_of_HIV)

**DISCLAIMER: WORKING COPY ONLY  
NOT ENDORSED BY ANY OF THE CO-CHAIRS OR COMMISSIONERS**

engagement with the private sector, especially in the areas of food and non-alcoholic beverage production and marketing.

37. It was noted in 2014 that only limited progress had been made in these areas, and where the private sector had made progress in promoting products consistent with a healthy diet, such products were not always affordable, accessible, and available.

38. Because of this limited progress, the Commission considers that a fresh working relationship must be established with the food, non-alcoholic beverage, restaurant, technology, and media industries, with the aim that all countries benefit from public-private partnerships that promote health and behavior change. Moreover, effective public-private partnerships are important to successful NCD responses, especially in strengthening the infrastructure and capacity of primary health systems. Countries should be encouraged to enter into public-private partnerships to complement international collaboration.

39. It is also clear, however, that when engagement with the private sector fails to contribute to the achievement of public health goals, governments should employ their regulatory and legislative powers to protect their populations. This is especially critical for children in today's food environment, which is quite different from that experienced by previous generations. Globally, an extensive variety of food and drink products are now available in most markets, offering palatability, convenience and novelty. But at the same time, the wide availability and heavy marketing of many of these products, and especially those with a high content of fat, sugar or salt, challenge efforts to eat healthily and maintain a healthy weight, particularly in children.

40. Another way to engage the private sector is through socially responsible investing, which has taken on new importance since the adoption of the Sustainable Development Agenda in 2015. A health forum for investors would bring together individuals, institutions, investment companies, money managers, and financial institutions to encourage shifts towards investments in healthier portfolios. Such portfolios should include attention to agriculture and food production, the introduction of health and nutrition impact measures of investments, and the role of public investments to shape private investments.

41. Big data, digital tech, and near-ubiquitous use of cell phones has ushered in a transformation, which can be tapped for better health outcomes. Emerging 5 and 6G next steps, artificial intelligence, robotics, block chain, and drone delivery of care are opening further opportunities for chronic care management. Most technology breakthroughs today are either in the domains of CVD or cancer: regenerative medicine, precision medicine, gene editing, molecular determinants of risk factors, tissue reprogramming and engineering, nutrigenomics, cancer genomics, precision oncology and immunotherapies, immuno-oncology, liquid biopsies etc. The challenge is to convert technical successes into meaningful health impact and for that engagement with the private sector is critical.

**DISCLAIMER: WORKING COPY ONLY  
NOT ENDORSED BY ANY OF THE CO-CHAIRS OR COMMISSIONERS**

**RECOMMENDATION 2: Increase engagement with the private sector.**

- a) Governments should develop multi-sectoral NCD responses, including “health-in-all-policies” approaches.
- b) Governments should explore regulatory and legislative solutions to minimize the production, marketing, and consumption of health-harming products while also increasing opportunities for positive contributions from the private sector to reach SDG 3.4.
- c) Governments should give priority to restricting the marketing of health-harming products to children. WHO should explore the possibility of establishing an international code of conduct on this issue.
- d) Governments and private sector entities should ensure access to affordable, quality-assured essential NCD medicines and vaccines.
- e) WHO should support governments’ engagement with the private sector, taking into consideration the rationale, principles, benefits, and risks of such engagement.
- f) The international community should convene a health forum for investors to support action against NCDs.

**Financing**

42. Domestic sources should be the mainstay of NCD financing. Countries should ensure that NCDs funding, programmes, and projects are considered at all levels of government, including national and subnational. Cities and local communities can contribute to action against NCDs.

43. Governments should prioritize long-term sustainability over short-term gratification, by calculating not only the price of actions and policies today, but also the true cost of NCDs (full-cost) that will be borne by societies in the future.

44. The Commission also believes that a human-capital index could be prioritized and factored in as a development issue for all countries and a conditionality for borrowing. NCDs need to be part of that framework. Human capital is now recognized as a significant contributor to the wealth of a country, far more than physical or natural capital.

45. Implementing national NCDs plans in a sustainable way is a challenge and takes considerable time. Therefore, the international system should establish and administer a financial vehicle that could pool and manage funds committed by development partners for a limited period of time. The Commission recommends the establishment of a joint World Bank-UN NCDs and Mental Health Catalytic

**DISCLAIMER: WORKING COPY ONLY  
NOT ENDORSED BY ANY OF THE CO-CHAIRS OR COMMISSIONERS**

Trust Fund, as a feasible option to catalyze financing (including through the World Bank and other development banks) and policy coherence at country level.

### **RECOMMENDATION 3: Increase funding for action against NCDs.**

- a) National governments should:
  - 1) Increase the percentage of national budgets allocated to health, and within health, increase the percentage of budget that goes towards NCDs;
  - 2) Increase prices of and taxes on tobacco and alcohol.
  - 3) Conduct full-cost accounting, which factors in the true cost to societies of policies that have a bearing on NCDs.
- b) Cities should:
  - 1) Prioritize approaches that will contribute to the achievement of SDG 3.4, by implementing the best buys, taking steps to reduce air pollution, and promoting mental health;
  - 2) Strengthen policies for sustainable consumption and production.
- c) The international community should:
  - 1) Establish a multi-donor Trust Fund for NCDs and Mental Health;
  - 2) Increase financing and lending for NCDs through bilateral and multilateral channels;
  - 3) Explore the establishment of a Global Solidarity Tobacco and Alcohol Contribution as a voluntary innovative financing mechanism for the prevention and treatment of NCDs.
  - 4) Integrate NCDs into human-capital ranking indices.

## **Accountability**

46. The existing global accountability framework and reporting instruments to the Governing Bodies of WHO, ECOSOC, and the General Assembly on the progress made since 2011 are too complex for most countries. A consolidated accountability framework is essential to monitor overall progress and scale up advocacy to achieve SDG 3.4. Existing frameworks that are effective at strengthening benchmarking and accountability exist for some specific NCD topics, such as in tobacco control, where both self-reporting and external assessment of policy change are publicly available and allow a rapid assessment of a country's progress. Learning from this experience, modules on specific NCDs could be inserted into existing national survey mechanisms to support national NCD assessments.

47. The Commission recommends the development of a "Countdown 2030 for NCDs" initiative with a similar aim as the "CD2030: Countdown to 2030 on Maternal, Newborn and Child Survival" initiative. The latter initiative, in its first incarnation as "CD2015: Countdown to 2015", tracked proven

**DISCLAIMER: WORKING COPY ONLY  
NOT ENDORSED BY ANY OF THE CO-CHAIRS OR COMMISSIONERS**

interventions to reduce maternal, newborn and child mortality. It established benchmarks for countries to assess their own progress, compare themselves with others, and proposed new ways to achieve the MDGs. CD2015 was transformed into CD2030 for the SDG agenda. CD2030 for NCDs would model itself on these previous mechanisms to ensure clear accountability for action against NCDs.

**RECOMMENDATION 4. Strengthen accountability for action on NCDs.**

- a) The existing NCD accountability mechanisms created since 2011 should be simplified and the data made publically available to foster accountability.
- b) The international community should establish a Countdown to 2030 for NCDs, similar to the Countdown to 2030 Initiative for Maternal, Newborn, and Child Survival.

## The way forward

48. Pending.

## Appendices

49. Pending.

## Acknowledgments

50. Pending.

## Disclaimer

51. Pending.

**DISCLAIMER: WORKING COPY ONLY  
NOT ENDORSED BY ANY OF THE CO-CHAIRS OR COMMISSIONERS**