

## CIVIL SOCIETY STATEMENT

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

Wednesday 6 June 2018

---

The NCD Alliance and over 200 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 is it 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 19:00 CET Wednesday 6 June:**

- 1 Access Chapter 2
- 2 ACT Health Promotion
- 3 Action Nepal
- 4 Action on Smoking and Health ASH US
- 5 Africa & Middle East Congress on Addiction (AMECA)
- 6 African Institute for Health and Development
- 7 AIDS Accountability International
- 8 Alcohol & Drug Information Centre (ADIC) - India
- 9 Alcohol and Drug Information Centre (ADIC)
- 10 Aliança Pela Alimentação Adequada e Saudável - Alliance for Healthy Diets
- 11 Alianza Antitabaco Ecuador
- 12 Alianza Juvenil Antitabaco Ecuador
- 13 Alzheimer's Disease International
- 14 Alzheimer's South Africa
- 15 Amardeep India
- 16 American Heart Association
- 17 Antigua and Barbuda Diabetes Association
- 18 APDP Diabetes Portugal
- 19 Aprofe - Associação Pró - Falcemicos - Brazil
- 20 Asia Pacific Cities Alliance for Tobacco Control and NCD Prevention (AP-CAT)
- 21 Asociación Argentina de Medicina y Cuidados Paliativos
- 22 Asociacion Boliviana de Cuidados Paliativos
- 23 Asociación Colombiana de cuidados paliativos ACCP
- 24 Asociacion Dominicana para el Estudio Tratamiento de Dolor y Cuidados Paliativos
- 25 Asociación Latinoamericana de Cuidados Paliativos
- 26 Asociación Omega
- 27 Asociacion Panamena de Cuidados Paliativos (APCP)
- 28 Asociacion Paraguaya de Medicina y Cuidados Paliativos
- 29 Association of General Practitioners of Jamaica
- 30 Association of Palliative Care of Kyrgyz Republic
- 31 Australian Chronic Disease Prevention Alliance
- 32 Barbados Association of Palliative Care
- 33 Beat Rheumatic Heart Disease Zambia
- 34 Belize Cancer Society

- 35 Bermuda Cancer and Health Centre
- 36 Bindindissamtökun IOGT á Íslandi
- 37 Brain Society
- 38 Bwalo Global Development Trust
- 39 Cancer Association of South Africa
- 40 Cancer Society of Maldives
- 41 Cancer Society of Finland
- 42 Caribbean College of Family Physicians Jamaica Chapter
- 43 Cayman Islands Cancer Society
- 44 Celiapenny Foundation for the Prevention of Malnutrition in Africa
- 45 Centar za edukaciju mladih
- 46 Center Action against Alcoholism - Mexico
- 47 Center for Community and Educational Responses CRECE
- 48 Center Of Excellence For Tobacco Control And Lung Health
- 49 Centre for Epidemiology and Health Development
- 50 Centre for Youth Work
- 51 Coalition for Access to NCD Medicines & Products
- 52 Conselho Federal de Nutricionistas (CFN)
- 53 Consortium for Non-Communicable Diseases Prevention Africa (CNCD-A)
- 54 ContraPESO
- 55 Dementia Care Initiatives
- 56 Diabetes Philippines, Inc.
- 57 Diabetis Society of Maldives
- 58 Dominica Diabetes Association
- 59 East Africa Alcohol Policy Alliance
- 60 East African Health Platform (EAHP)
- 61 East African NCD Alliance (EANCDA)
- 62 Eastern Mediterranean NCD Alliance
- 63 Egypt Health Foundation
- 64 EMR-NCD Alliance
- 65 European Chronic Disease Alliance
- 66 European Public Health Alliance (EPHA)
- 67 Faculdade de Ensino Superior da Amazônia Reunida (FESAR)
- 68 FDI World Dental Federation
- 69 Foppesp - Forum dos portadores de patologias do Estado de São Paulo

- 70 Forum of International Respiratory Societies
- 71 FORUT
- 72 Foundation for Alcohol Research and Education
- 73 Friends Of Cancer Patients UAE
- 74 Fundación Ellen Riegner de Casas
- 75 Fundación Salud "Dr. Augusto Turenne"
- 76 Ghana NCD Alliance
- 77 Global Alcohol Policy Alliance
- 78 Global Mental Health Peer Network
- 79 Grenada Heart Foundation
- 80 Growth Dimensions Africa (GDA)
- 81 Health and Global Policy Institute (HGPI)
- 82 Health Horizons International
- 83 HealthBridge Foundation of Canada
- 84 HealthJustice Philippines
- 85 Healthy Caribbean Coalition
- 86 Healthy India Alliance
- 87 Healthy Latin America Coalition / Coalición Latinoamérica Saludable CLAS
- 88 Heart & Stroke Foundation of Barbados
- 89 Heart and Stroke Foundation South Africa
- 90 Hope for Future Generations Ghana
- 91 Hospice Africa
- 92 HRIDAY (Health Related Information Dissemination Amongst Youth)
- 93 Humanity&Inclusion
- 94 IDEC
- 95 Innovating Health International
- 96 Institute of Alcohol Studies
- 97 Institute of Leadership and Development
- 98 Instituto Desiderata
- 99 Inter-American Heart Foundation
- 100 Inter-American Heart Foundation Mexico
- 101 International Federation of Medical Students' Associations
- 102 International Society for Physical Activity and Health (ISPAH)
- 103 International Society of Nephrology
- 104 International Union for Health Promotion and Education (IUHPE)

- 105 IOGT International
- 106 IOGT Switzerland
- 107 IOGT-NTO Movement Sweden
- 108 IOGT-VN
- 109 Iringa Development of Youth Disabled and Children Care (IDYDC)
- 110 Jhpiego
- 111 John E Sabga Foundation for Pancreatic Cancer
- 112 Kantonaler Abstinenterverband Zürich
- 113 Kenya Hospices and Palliative Care Association (KEHPCA)
- 114 Kenya Network Of Cancer Organizations
- 115 Kenyan Heart National Foundation (KHNF)
- 116 King Hussein Cancer Foundation
- 117 Kuwait Oncology Society
- 118 Lina and Green Hands Society
- 119 Maldives NCD Alliance
- 120 Medopal
- 121 Mental Health Awareness Foundation of Maldives
- 122 Mesa Colombiana por las Enfermedades Crónicas
- 123 Mexican Association for the Fight against Cancer
- 124 Mexico Salud-Hable Coalition
- 125 Michael and Francisca Foundation
- 126 Movement for Global Mental Health
- 127 Muhammadiyah Students Association
- 128 Nada India Foundation
- 129 National Alliance for Tobacco Control ALIENTO
- 130 National Heart Foundation of Bangladesh
- 131 NCD Alliance Indonesia
- 132 NCD Alliance Malawi
- 133 NCD Alliance Nigeria
- 134 NCD Child
- 135 NCD Malaysia
- 136 NCDFREE
- 137 Networking HIV & AIDS Community of Southern Africa NPC (NACOSA)
- 138 New Vois Association of the Philippines
- 139 Nigeria Alcohol Prevention Youth Initiative

- 140 Nigerian Cancer Society
- 141 Nigerian Heart Foundation
- 142 No Tobacco Community, Indonesia
- 143 Non Communicable Diseases Alliance of Kenya
- 144 Observatory on Food and Nutrition Security Policies - University of Brasilia
- 145 Oncology Nurses Chapter
- 146 ONG Santé Diabète
- 147 People Against Drug Dependence and Ignorance
- 148 People's Health Foundation
- 149 Philippine Alliance of Patient Organizations
- 150 Population Services International (PSI)
- 151 Portuguese Observatory of Palliative Care
- 152 PREVENT UK
- 153 Research and Training Center for Community Development (RTCCD)
- 154 Reseau Jeunesse Population et Developpement du Senegal RESOPOPDEV
- 155 RISE (St. Lucia) Inc.
- 156 Royal Health Awareness Society
- 157 Salud Crítica
- 158 Saudi Diabetes & Endocrine Association
- 159 SECPAL (Palliative Care Spanish Society)
- 160 Smoke Free Jakarta
- 161 Sociedad Hondureña para el estudio y tratamiento del dolor
- 162 Sociedad médica de Cuidados Paliativos Chile
- 163 Sociedad Peruana de Cuidados Paliativos
- 164 Sociedad venezolana de Medicina Paliativa
- 165 South African Federation for Mental Health
- 166 South African NCD Alliance
- 167 Southeast Asia Tobacco Control Alliance (SEATCA)
- 168 Southern African Alcohol Policy Alliance
- 169 Sport For All Federation I.R. Iran
- 170 St Vincent & The Grenadines Diabetes & Hypertension Association Inc.
- 171 St. Lucia Diabetes & Hypertension Association
- 172 StopDrink Network
- 173 Stroke Action Nigeria
- 174 Stroke Action UK

- 175 Stroke Association Support Network - Ghana
- 176 Stroke Care International
- 177 Tanzania NCD Alliance
- 178 Taskforce on Women & NCDs
- 179 Tata Memorial Hospital
- 180 The American Cancer Society, Inc.
- 181 The American College of Cardiology
- 182 The Barbados Association of Endometriosis and PCOS
- 183 The George Institute for Global Health
- 184 The Heart Foundation of Jamaica
- 185 The Jamaica Coalition for Tobacco Control
- 186 The National Cancer Society of Malaysia
- 187 The Wellbeing Initiative
- 188 Tiny Hearts of Maldives
- 189 Tobacco Control Support Centre, Indonesian Public Health Association
- 190 Tobacco Free Association of Zambia
- 191 UAE Genetic Diseases Association
- 192 UEDA
- 193 Uganda Cancer Society
- 194 Uganda Youth Development Link (UYDEL)
- 195 UK Health Forum
- 196 Vietnam NCD Alliance (NCD-VN)
- 197 Vision for Alternative Development
- 198 Vital Strategies
- 199 Voices of Community Action & Leadership (VOCAL-KE)
- 200 West African Alcohol Policy Alliance (WAAPA)
- 201 Women's Coalition Against Cancer
- 202 Women's Coalition Against Cancer in Malawi
- 203 World Cancer Research Fund International
- 204 World Child Cancer
- 205 World Stroke Organization
- 206 Worldwide Hospice Palliative Care Alliance
- 207 Yellow Warriors Society Philippines
- 208 Young Professionals Chronic Disease Network (YP-CDN)
- 209 Youth Against Alcoholism and Drug Dependency, Zimbabwe

210 Youth SRH Network Uganda

211 Zambia Heart and Stroke Foundation

212 Zambia Non Communicable Diseases Alliance