

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 15:30 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 AIDS Accountability International
- 7 Alcohol and Drug Information Centre (ADIC)
- 8 Aliança Pela Alimentação Adequada e Saudável - Alliance for Healthy Diets
- 9 Alzheimer's Disease International
- 10 Alzheimer's SA
- 11 Amardeep India
- 12 American Heart Association
- 13 Antigua and Barbuda Diabetes Association
- 14 APDP Diabetes Portugal
- 15 Aprove - Associação Pró - Falcemicos - Brazil
- 16 Asia Pacific Cities Alliance for Tobacco Control and NCD Prevention (AP-CAT)
- 17 Asociación Argentina de Medicina y Cuidados Paliativos
- 18 Asociacion Boliviana de Cuidados Paliativos
- 19 Asociación Colombiana de cuidados paliativos ACCP
- 20 Asociacion Dominicana para el Estudio Tratamiento de Dolor y Cuidados Paliativos
- 21 Asociación Latinoamericana de Cuidados Paliativos
- 22 Asociación Omega
- 23 Asociacion Panamena de Cuidados Paliativos (APCP)
- 24 Asociacion Paraguaya de Medicina y Cuidados Paliativos
- 25 Association of General Practitioners of Jamaica
- 26 Association of Palliative Care of Kyrgyz Republic
- 27 Australian Chronic Disease Prevention Alliance
- 28 Barbados Association of Palliative Care
- 29 Beat Rheumatic Heart Disease Zambia
- 30 Belize Cancer Society
- 31 Bermuda Cancer and Health Centre
- 32 Bindindissamtökin IOGT á Íslandi
- 33 Brain Society
- 34 Bwalo Global Development Trust

- 35 Cancer Association of South Africa
- 36 Cancer Society of Maldives
- 37 Cancer Society of Finland
- 38 Caribbean College of Family Physicians Jamaica Chapter
- 39 Cayman Islands Cancer Society
- 40 Celiapenny Foundation for the Prevention of Malnutrition in Africa
- 41 Centar za edukaciju mladih
- 42 Center Action against Alcoholism - Mexico
- 43 Center for Community and Educational Responses CRECE
- 44 Center Of Excellence For Tobacco Control And Lung Health
- 45 Centre for Epidemiology and Health Development
- 46 Centre for Youth Work
- 47 Coalition for Access to NCD Medicines & Products
- 48 Conselho Federal de Nutricionistas (CFN)
- 49 ContraPESO
- 50 Dementia Care Initiatives
- 51 Diabetes Philippines, Inc.
- 52 Diabetis Society of Maldives
- 53 Dominica Diabetes Association
- 54 East African Health Platform (EAHP)
- 55 East African NCD Alliance (EANCDA)
- 56 Eastern Mediterranean NCD Alliance
- 57 Egypt Health Foundation
- 58 EMR-NCD Alliance
- 59 European Chronic Disease Alliance
- 60 European Public Health Alliance (EPHA)
- 61 FDI World Dental Federation
- 62 Foppesp - Forum dos portadores de patologias do Estado de São Paulo
- 63 Forum of International Respiratory Societies
- 64 FORUT
- 65 Foundation for Alcohol Research and Education
- 66 Friends Of Cancer Patients UAE
- 67 Fundación Ellen Riegner de Casas
- 68 Fundación Salud "Dr. Augusto Turenne"
- 69 Ghana NCD Alliance

- 70 Global Alcohol Policy Alliance
- 71 Global Mental Health Peer Network
- 72 Grenada Heart Foundation
- 73 Growth Dimensions Africa (GDA)
- 74 Health and Global Policy Institute (HGPI)
- 75 Health Horizons International
- 76 HealthBridge Foundation of Canada
- 77 HealthJustice Philippines
- 78 Healthy Caribbean Coalition
- 79 Healthy India Alliance
- 80 Healthy Latin America Coalition / Coalición Latinoamérica Saludable CLAS
- 81 Heart & Stroke Foundation of Barbados
- 82 Hope for Future Generations Ghana
- 83 Hospice Africa
- 84 HRIDAY (Health Related Information Dissemination Amongst Youth)
- 85 Humanity&Inclusion
- 86 IDEC
- 87 Innovating Health International
- 88 Institute of Alcohol Studies
- 89 Institute of Leadership and Development
- 90 Instituto Desiderata
- 91 Inter-American Heart Foundation
- 92 Inter-American Heart Foundation Mexico
- 93 International Federation of Medical Students' Associations
- 94 International Society for Physical Activity and Health (ISPAH)
- 95 International Society of Nephrology
- 96 International Union for Health Promotion and Education (IUHPE)
- 97 IOGT International
- 98 IOGT Switzerland
- 99 IOGT-NTO
- 100 IOGT-NTO Movement Sweden
- 101 IOGT-VN
- 102 Iringa Development of Youth Disabled and Children care (IDYDC)
- 103 Jhpiego
- 104 John E Sabga Foundation for Pancreatic Cancer

- 105 Kantonaler Abstinertenverband Zürich
- 106 Kenya Hospices and Palliative Care Association (KEHPCA)
- 107 Kenya Network Of Cancer Organizations
- 108 King Hussein Cancer Foundation
- 109 Lina and Green Hands Society
- 110 Maldives NCD Alliance
- 111 Medopal
- 112 Mental Health Awareness Foundation of Maldives
- 113 Mesa Colombiana por las Enfermedades Crónicas
- 114 Mexican Association for the Fight against Cancer
- 115 Mexico Salud-Hable Coalition
- 116 Michael and Francisca Foundation
- 117 Movement for Global Mental Health
- 118 Muhammadiyah Students Association
- 119 NACOSA
- 120 Nada India Foundation
- 121 National Alliance for Tobacco Control ALIENTO
- 122 National Heart Foundation of Bangladesh
- 123 NCD Alliance Indonesia
- 124 NCD Alliance Malawi
- 125 NCD Alliance Nigeria
- 126 NCD Child
- 127 NCD Malaysia
- 128 NCDFREE
- 129 New Vois Association of the Philippines
- 130 Nigeria Alcohol Prevention Youth Initiative
- 131 Nigerian Cancer Society
- 132 Nigerian Heart Foundation
- 133 No Tobacco Community, Indonesia
- 134 Observatory on Food and Nutrition Security Policies - University of Brasilia
- 135 ONG Santé Diabète
- 136 People Against Drug Dependence and Ignorance
- 137 People's Health Foundation
- 138 Philippine Alliance of Patient Organizations
- 139 Population Services International (PSI)

- 140 Portuguese Observatory of Palliative Care
- 141 PREVENT UK
- 142 Research and Training Center for Community Development (RTCCD)
- 143 Reseau Jeunesse Population et Developpement du Senegal RESOPOPDEV
- 144 RISE (St. Lucia) Inc.
- 145 Royal Health Awareness Society
- 146 SA Federation for Mental Health
- 147 Salud Crítica
- 148 Saudi Diabetes & Endocrine Association
- 149 SECPAL (Palliative Care Spanish Society)
- 150 Smoke Free Jakarta
- 151 Sociedad Hondureña para el estudio y tratamiento del dolor
- 152 Sociedad médica de Cuidados Paliativos Chile
- 153 Sociedad Peruana de Cuidados Paliativos
- 154 Sociedad venezolana de Medicina Paliativa
- 155 South African NCD Alliance
- 156 Southeast Asia Tobacco Control Alliance (SEATCA)
- 157 Southern African Alcohol Policy Alliance
- 158 Sport For All Federation I.R. Iran
- 159 St Vincent & The Grenadines Diabetes & Hypertension Association Inc.
- 160 St. Lucia Diabetes & Hypertension Association
- 161 StopDrink Network
- 162 Stroke Action Nigeria
- 163 Stroke Action UK
- 164 Stroke Association Support Network - Ghana
- 165 Stroke Care International
- 166 Tanzania NCD Alliance
- 167 Taskforce on Women & NCDs
- 168 Tata Memorial Hospital
- 169 The American Cancer Society, Inc.
- 170 The American College of Cardiology
- 171 The Barbados Association of Endometriosis and PCOS
- 172 The George Institute for Global Health
- 173 The Heart Foundation of Jamaica
- 174 The Jamaica Coalition for Tobacco Control

- 175 The National Cancer Society of Malaysia
- 176 The Wellbeing Initiative
- 177 Tiny Hearts of Maldives
- 178 Tobacco Control Support Centre, Indonesian Public Health Association
- 179 Tobacco Free Association of Zambia
- 180 UAE Genetic Diseases Association
- 181 UEDA
- 182 Uganda Cancer Society
- 183 Uganda Youth Development Link (UYDEL)
- 184 UK Health Forum
- 185 Vietnam NCD Alliance (NCD-VN)
- 186 Vision for Alternative Development
- 187 Vital Strategies
- 188 Voices of Community Action & Leadership (VOCAL-KE)
- 189 West African Alcohol Policy Alliance (WAAPA)
- 190 Women's Coalition Against Cancer
- 191 Women's Coalition Against Cancer in Malawi
- 192 World Cancer Research Fund International
- 193 World Child Cancer
- 194 World Stroke Organization
- 195 Worldwide Hospice Palliative Care Alliance
- 196 Yellow Warriors Society Philippines
- 197 Young Professionals Chronic Disease Network
- 198 Youth against Alcoholism and Drug Dependency, Zimbabwe.
- 199 Youth SRH Network Uganda
- 200 Zambia Heart and Stroke Foundation
- 201 Zambia Non Communicable Diseases Alliance