

NCD Alliance Advocacy Briefing

144th WHO Executive Board, January 2019

This briefing note provides background and key advocacy messages on the NCD Alliance's main priorities for the 144th WHO Executive Board (EB). A full list of documents, together with updated timetables for each day, can be found [here](#). The EB will discuss a proposed programme budget to align with the Director-General's new vision for WHO, and review several progress reports and consider resolutions, including one on NCDs, to be submitted for approval by the World Health Assembly in May. The NCD Alliance is closely following developments on relevant resolutions to ensure strong language is retained.

Agenda Item 5: Strategic priority matters

Agenda item 5.1 - Proposed programme budget 2020–2021 [EB144/5](#) [EB144/6](#) [EB144/7](#)

The documents outline the proposed WHO programme budget for the biennial 2020-2021 in order to deliver on the Thirteenth General Programme of Work (GPW) 2019-2023. The new approach is intended to increase impact orientation with more support for national level activities, monitoring and reporting, a more integrated health systems-oriented approach and to increase and demonstrate accountability of WHO and member states for progress towards overarching health targets including the “triple billion” goals of the GPW. EB144/7 outlines a proposed impact framework including indicators and targets, which are relevant to monitor, manage and deliver on NCD targets.

Key messages:

- **Transition further from disease-siloed and MDG focus to a person-centred approach** recognising that people live with multiple concurrent chronic conditions, both communicable and NCDs, and are exposed to NCD risk factors in all resource settings (e.g. 90% of the global population live in places with unsafe levels of air pollution, all countries are affected by at least one form of malnutrition).
- **Foresee adequate resources to meet increasing demand from Member States for technical assistance for the NCD response**, to support roll-out of the technical packages and evidence-based recommended interventions.
- **Ensure that both the UHC and Healthier population indices reflect a comprehensive approach to NCDs:** Recognising that SDG3.4 falls short of a lifecourse approach, by focusing only on premature mortality in a narrow age range. Indicators should also consider morbidity throughout the lifecourse as well as premature deaths in the youngest (under 30 years) and modifiable impact of NCDs on the over 70s. Indicators should also be more comprehensive in considering the total burden of NCDs including and beyond cancers, cardiovascular, respiratory conditions and diabetes, especially mental health conditions (not only suicide as an indicator). NCD civil society, including people living with NCDs, should be consulted in the ongoing development of the Healthier population index. Provision should be made to regularly review the indices in line with scientific progress and update as appropriate.
- **Engage donors to further support improved data collection and analysis** particularly in countries with the highest burden of NCDs, as the basis for targeted interventions with maximum health impact.

Agenda item 5.4 - Implementation of the 2030 Agenda for Sustainable Development [EB144/11](#)

The report provides an update on progress towards achieving the health-related Sustainable Development Goals, and summarizes global and regional progress made by Member States towards achieving SDG3 as well as progress made in implementing resolution [WHA69.11](#). The EB is invited to note the report.

Key Messages:

- **Strengthen health systems to respond to the increasing burden of NCDs and co-morbidities:** Weak health systems remain an obstacle to progress, and resilient health systems are required to ensure

people have access to basic health services, including NCD prevention, treatment and care. Health systems must deliver integrated services that address co-morbidities between NCDs and other diseases such as HIV/AIDs and TB, as well as maternal health conditions, to ensure a holistic approach to health.

- **Facilitate multi-sectoral cooperation with non-health actors:** Achieving the health-related SDGs requires a Health in All Policies approach and the cooperation and coordination of all sectors. In order to achieve the 2030 Agenda, it is essential that all relevant non-health actors whose outputs have an health impact are engaged to deliver a coordinated approach, and that parties no longer work in silos.

Agenda item 5.5 - Universal Health Coverage (UHC) [EB144/12](#), [EB144/13](#), and [EB144/14](#)

[EB144/12](#): Primary health care towards UHC

The report summarises the outcomes of the Astana Declaration from the Global Conference on Primary Health Care, which marked the 40th anniversary of the Declaration of Alma-Ata. The report highlights that strong health systems that emphasise primary health care allow systems to respond to global challenges, address the main risk factors for poor health, and help achieve UHC and the health-related SDGs. The EB is invited to note the report and to focus discussions on reorienting health systems around PHC, and the process for taking into consideration the commitments made in the preparations for the upcoming UN High-Level Meeting on UHC.

[EB144/13](#): Community health workers delivering primary health care: opportunities and challenges

The report highlights the importance of a well resourced and trained health workforce, which, in many countries, is largely comprised of community health workers. The report also notes challenges faced by community health workers and sets out several opportunities and policy options to help ensure this critical component of many health systems is well-supported. The EB is invited to note the report.

[EB144/14](#): Preparation for the high-level meeting (HLM) of the United Nations General Assembly on UHC

The report presents the need to focus on achieving UHC and health system strengthening, in addition to continuing the existing disease-oriented focus of the health and development sectors. The report outlines the main components of UHC: service coverage and catastrophic spending on health, which includes out-of-pocket spending exceeding a household's ability to pay and impoverishing spending. The report outlines preparations for the first UN HLM on UHC as well as for a political declaration. The EB is invited to note the report.

Key Messages:

- **Ensure a lifecourse approach to health that spans the continuum of care:** UHC must not focus solely on the care component; it must cover the continuum from health promotion and prevention, screening and diagnosis to treatment and care, including rehabilitation and palliative care. A lifecourse approach to health will deliver the care people need at all stages of life, and help systems address co-morbidities.
- **Increase resources for health and UHC, ensuring sustainable financing:** Fiscal policies for unhealthy commodities such as taxation of sugar, tobacco, alcohol (STAX) and fossil fuels provide can governments with a double dividend. STAX should be deployed and designed to effectively and significantly reduce demand on health systems by reducing consumption and exposure to risk factors, whilst generating revenues which can be directed to health systems and/or public health programmes.
- **Promote a 'One Health' agenda at the UN HLM on UHC:** The HLM is an opportunity to highlight interlinkages between all health issues, especially those that have been the topic at previous UN HLMs (HIV/AIDS, NCDs, TB, antimicrobial resistance), showcasing how action on one determinant or risk factor can be cost-effective and result in benefits for multiple diseases or conditions.
- **Amplify voices of people most affected and their carers, including young people and marginalised groups:** UHC will only be successful if it takes into account needs of people most affected by poor health determinants, risk factors and outcomes. This requires meaningful involvement of people living with HIV, TB and NCDs, together with their carers; young people; and marginalised groups (women, children, indigenous peoples...) throughout programme development, implementation and evaluation.

Agenda item 5.6 - Health, environment and climate change [EB144/15](#) and [EB144/16](#)

In follow up to a decision by EB142, WHO, in consultation with regional committees, developed a rigorous, comprehensive and ambitious Draft Global Strategy on Health, Environment and Climate change in document [EB144/15](#). The EB is invited to provide further guidance on the strategy. The WHO has also developed a Draft global plan of action on climate change and health in small island developing States (SIDS) through extensive consultation with Member States, contained in document [EB144/16](#).

Key Messages:

- **Reallocate funds from fossil fuel fiscal reform to investment in health:** As is the case with taxation of other unhealthy commodities, taxes on fossil fuels (and/or removal of subsidies) yield funds which can be invested in UHC or other health priorities.
- **Recognise and address the tactics used by the fossil fuel, automotive and aviation industries:** Strategies deployed to influence policy making mirror those used by the tobacco, alcohol, food and beverage industries. The health sector has valuable good practice to share in this regard. e.g. FCTC article 5.3 demands the protection of public health policies from the vested interests of the tobacco industry, but a comparable paragraph cannot be found, for example in the UNFCCC.
- **Consider climate mitigation alongside adaptation:** Just as the health sector has equal role in promoting both prevention and control of NCDs, health sector involvement in climate change mitigation is necessary in addition to reactive health sector adaptation. The urgency of adaptation and resilience in SIDS is indisputable, but mitigation must nonetheless not be overlooked. Many climate change mitigation measures offer co-benefits for NCDs, including transitioning to renewable energy to reduce air pollution, creating environments which are conducive to active transport, and ensuring access to locally sourced, minimally processed food as part of plant-rich diets.
- **Expand evidence for cost-effectiveness of co-benefit interventions:** Governments can be encouraged to invest in co-benefit solutions for health promotion and climate change mitigation if presented with evidence on the savings which will be made - both in terms of economics and human lives.
- **Establish guidance for Health Impact Assessments for all policies:** Assessment of the health impact of all policy proposals should be carried out and taken into account for decision making across key sectors. In particular, the health impact of proposals in areas including energy, transport, housing, labour, industry, food systems and agriculture, water and sanitation, and urban planning, should be assessed to ensure and maximise overall benefit to public health.
- **Provide and promote guidance on establishing cross-sectoral governance structures:** Improved coordination between health and non-health sectors at local, national, regional and global levels, is at the heart of the 'massive prevention effort' in the report. Key sectors are included in figure 1 of the strategy, to which trade, economic, foreign affairs, development and social sectors should be added.
- **Address environmental causes of AMR:** Public health and health systems are threatened by increasing global prevalence of antimicrobial resistance (AMR). It is essential for the health sector to mitigate the risk by implementing stringent stewardship programmes, calling for mandatory waste regulation to tackle environmental causes of AMR in the production of antimicrobials (specifically local water pollution with active antimicrobial substances in proximity of production facilities) and taking environmental AMR impacts into account in procurement decisions.

Agenda item 5.7 - Medicines, vaccines and health products [EB144/17](#) and [EB144/18](#)

[EB144/17](#): Draft Roadmap for access to medicines, vaccines and other health products 2019-2023

In 2018 the WHA adopted decision WHA71(8), requesting the DGI to elaborate a roadmap, in consultation with Member States, outlining the WHO's work on access to medicines and vaccines for 2019–2023, including activities, actions and deliverables. The scope of the draft roadmap includes health products for prevention, treatment, diagnosis, palliative care and rehabilitation. The report recognises the high percentage of health spending on medicines (up to 20-60% in some LMICs) as a barrier to UHC. *"With the rise of NCDs - many of*

which are chronic conditions that require long-term treatment - the financial burden on both governments and patients will become ever greater.” The EB is invited to consider the report and provide further guidance.

The roadmap has a dual focus: ensuring quality, safety and efficacy via regulatory system strengthening, assessment, market surveillance and improving equitable access by matching R&D to public health needs, IP, affordability and pricing and reducing waste, procurement and supply chain management, appropriate prescribing and rational use. The WHO is working to develop a list of agreed indicators to improve access to quality health products, which will contribute to the SDG indicator for access to medicines under development.

EB144/18: The EB is invited to note the report on Cancer medicines as required by resolution WHA70.12, with a focus on pricing and impact on affordability and access. The report recognises the rising global cancer burden and important progress in survival rates, which is unevenly distributed by geographical region and varies for different types of cancer. The impetus for the report is growing expenditure on cancer medicines, attributed in part to rising prices. The report outlines options to enhance affordability and accessibility.

Key Messages:

- **Tackle the multifaceted challenges to equitable access and particularly out-of-pocket expenses for people living with NCDs:** including health systems financing and policies, inadequate investment in R&D, weak procurement and supply chain management, inappropriate prescribing and irrational use of products, recognising the need to support member states’ capacity to allocate resources more effectively through evidence-based decisions to ensure that cost-effective health products for NCDs are included in a country’s EML, essential diagnostics list or reimbursement lists and through more efficient procurement and supply processes and rational use of medicines in all resource settings.
- **Involve people living with NCDs to improve governance and accountability at national level** with regard to ensuring access to necessary products and services. Ensure that lived experience of people living with and affected by NCDs is taken into account in efforts to reduce inefficiencies, distortion of competition, undue influence, corruption, waste and fraud and to improve access to vital information about products.

Agenda item 5.8 - Follow-up to HLMs of the UN General Assembly on health-related issues [EB144/19](#), [EB144/20](#), [EB144/20 Add.1](#), [EB144/21](#).

These reports provide updates on recently held UN General Assembly HLMs on health-related issues: antimicrobial resistance (AMR), noncommunicable diseases, and ending tuberculosis. The EB is invited to note all four reports. The key messages below relate to [EB144/20](#) and [EB144/20 Add.1](#) on NCDs.

The report on the HLM on NCDs is in response to WHA71.2, and outlines the process that led to the third HLM on NCDs, the main outcomes of the NCD Political Declaration and proposed WHO follow-up actions. Proposed actions for the WHO Secretariat notably include:

- Publication of a technical note in 2019 outlining the new indicators as the basis for a scorecard for each Member State to measure, on a yearly basis, the implementation of commitments made at the 2011, 2014, and 2018 HLMs on NCDs. The scorecards produced in 2024 will be submitted as part of the SG’s report ahead of the fourth HLM on NCDs in 2025.
- A delivery plan to support national NCD responses, proposes a subset of “NCD accelerators” to be presented to the 2019 World Health Assembly.
- Scale of three flagship programmes: Mental health, Global Hearts including trans fats elimination, Cervical cancer elimination.
- Support Member States in realising their commitment to promote fiscal measures: Annex 2 updates the evidence base on SSB taxes with real world evidence on impacts of taxes introduced at national level in Mexico and Chile, and at city level in Berkeley and Philadelphia in the USA.
- Develop a register of contributions of non-state actors to the NCD targets for 2025 and 2030 targets.
- Introduce a new partnerships approach for the UNIATF on NCDs as requested by ECOSOC in 2018.
- Continue bilateral dialogues with specific industrial sectors, namely food-drink, pharmaceuticals, alcohol and sports.
- Continue the work of the WHO Independent High Level Commission on NCDs.

- Mobilise political champions at the level of Heads of State and Government.
- The EB is also asked to consider a proposed workplan for the GCM on NCDs for 2020, which identifies three strategic priorities: foster multi-stakeholder collaboration, partnerships and accountability via online platforms; promote better understanding of the challenges in achieving SDG3.4; and pilot capacity-building approaches to develop a technical package on how to establish or strengthen national multi-stakeholder dialogue mechanisms.

Key Messages:

- **Ensure progress, not procrastination until the next HLM on NCDs:** The next HLM on NCDs will take place in 2025. According to a 2018 NCDA survey 'Tracking Civil Society Action and Impact on the 2018 UN HLM on NCDs', 51% of civil society respondents do not consider this decision to be a positive outcome of the HLM. We urge the WHO and Member States to demonstrate renewed commitment to the prevention and control of NCDs to meet the 25x25 and 2030 SDG targets. The evidence base for the Best Buys and recommended interventions is strong and consistently growing with post-implementation evidence of the impact on public health and cost-effectiveness. The WHO should foresee sufficient resources to meet increasing demand from member states for technical assistance and to support roll-out of the technical packages and recommended interventions.
- **Support implementation of all cost-effective interventions for the prevention and control of NCDs:** We caution WHO and Member States from identifying a specific subset of "NCD accelerators" from the existing list of WHO best buys and other recommended interventions as it could lead to pressure to remove cost-effective interventions (labelling, fiscal measures) due to the undue influence of unhealthy commodity industries on a few Member States. The full list serves an important toolbox for Member States to select tried and tested measures and adapt to local contexts and resource settings - the set of tools available should be regularly updated to reflect scientific progress and real world experience.
- **Expand the NCD toolbox for Member States to include mental health and air pollution:** We call on the Secretariat to identify a comprehensive package of effective, evidence-based interventions, which should be implemented to achieve SDG 3.4 and make a significant contribution to the SDGs more broadly - including poverty reduction, (gender) equity and environmental goals. These should include fiscal measures on fossil fuels, notably removal of health-harmful subsidies.
- **Elevate the voices of people living with NCDs, young people, and marginalised populations:** The 2018 NCD HLM Political Declaration recognised the need to amplify voices of civil society and especially people living with NCDs (PLWNCDs), to ensure a people-centred approach to NCD prevention and control. Nevertheless, only one-third of civil society respondents to the NCDA 2018 survey consider that there is sufficiently strong and specific language on the role of civil society & PLWNCDs in the Political Declaration. We call on Member States to undertake well-publicised actions to include PLWNCDs, young people, and marginalised groups, such as women and indigenous peoples, throughout all stages of policy and programme development and implementation.
- **Secure sustainable financing for NCDs:** Despite the large economic and social burden of NCDs, the response remains chronically and disproportionately underfunded. The 2018 NCDA survey shows that only 16% of civil society respondents consider that new funding is more likely to be devoted to prevention and/or treatment of NCDs in their countries as a result of the UN HLM. Governments have an opportunity to gain the trust of civil society by taking a person-centred approach to resourcing health systems and implementing proven, evidence-based cost-effective interventions to reduce exposure to risk factors for NCDs.
- **Exercise caution when engaging the private sector in the NCD response:** The private sector is not a homogenous group and therefore due consideration must be given to any real or perceived conflicts of interest. The negotiations on the 2018 HLM on NCDs were illustrative of the significant negative influence of some private sector entities, weakening language to put narrow commercial interests above public health. Civil society organisations are aware of this situation - 80% of respondents to the NCDA survey consider that the political declaration shows signs of industry interference.

Given the track record of industries driving consumption of major modifiable NCD risk factors, particularly alcohol and sugar-sweetened beverages (SSB), in lobbying against evidence-based recommended interventions, their consistent failure in all regions to deliver sufficient public health outcomes via self-regulation, and evidence of industry led initiatives being counterproductive distractions subverting known effective measures, we consider the WHO's bilateral engagement with the alcohol and SSB sectors on health-related measures to be inappropriate.

All stakeholder dialogues and collaborations must be conducted in full transparency, including public record of meeting attendance. We request that the Secretariat focusses on pursuing dialogue with businesses with a vested interest in improving health, such as the insurance sector, active mobility, clean energies, and healthy homes.

Agenda Item 6: Other agenda items

Agenda item 6.3 - Human resources for health [EB144/25](#) and [EB144/26](#)

Report [EB144/25](#) on international recruitment and migration of health personnel, which the EB is invited to note and to request the Secretariat submits an updated version to WHA72. Report [EB144/26](#) summarises progress made in the implementation of the WHO Global Strategy on Human Resources for Health: Workforce 2030, adopted by the WHA69. The key messages below relate to [EB144/26](#).

Key Messages:

- **Develop and promote postgraduate training curricula to enable health professionals across disciplines to provide NCDs services:** With the rapidly growing burden of NCDs worldwide, it is essential to continually reinforce and expand knowledge of existing health care professionals across disease areas, to ensure the integration of NCD prevention and care delivery into existing platforms and service providers.
- **Provide guidelines and share good practice in task shifting, task sharing, and coordination across health professionals:** NCD prevention (including through community education) and screening, as well as certain treatment services are often tasks which can be completed by nurses, community health workers and pharmacists. Provision must be made for appropriate remuneration.
- **Strengthen mechanisms for data collection:** While there are many challenges in data collection on health professional density, it would be advantageous where possible to also collect data on the specialisms of secondary and tertiary health professionals to monitor how these respond to patterns of disease burden at national level.

Agenda item 6.4 - Promoting the health of refugees and migrants [EB144/27](#)

The report [EB144/27](#) contains a draft Global Action Plan to Promote the Health of Refugees and Migrants 2019-2023, following a decision by the EB140 and a resolution by the WHA70. The EB is invited to note the report and provide further guidance on the development of the draft global action plan.

Key messages:

- **Commend the inclusion of NCDs and mental health priorities, and both prevention and management:** NCDs are too often omitted from packages to promote the health of refugees and migrants, with the focus being on infectious diseases. Despite their chronic nature, NCDs pose an acute threat to health in emergency settings. The mention on prevention early on in the document reflects the fact that many crises are protracted over years or even decades.

Agenda item 6.5 - Accelerating cervical cancer elimination [EB144/28](#)

The report outlines the current status of prevention and control of cervical cancer worldwide. It recognises that cervical cancer is a “disease of social, economic and political disadvantage” with over 90% of deaths in LMICs and notes important co-morbidities, particularly with HIV. A Global Call to Action was launched in May 2018 to eliminate cervical cancer, with strong civil society support. The report states that a pathway to

elimination of cervical cancer is feasible in all countries with current tools and notes that indicators and targets to achieve elimination are under development for all countries.

In addition, several Member States will submit a draft Declaration to the EB with very broad support, calling on the WHO to scale up implementation and resources available for proven cost-effective measures towards the elimination of cervical cancer (HPV vaccination, screening, treatment of pre-cancer, early detection, prompt treatment, palliative care) and mandating the DG to develop a global strategy for elimination for 2020-2030.

Key messages:

- **Support the draft Declaration on a global elimination strategy submitted by Member States:** noting the urgent action needed to scale up interventions and tasking the DG to develop an global acceleration strategy with consultation and submission to the 2020 WHA.

Agenda Item 7: Managerial, administrative and governance matters

Agenda item 7.1 - WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform [EB144/31](#) [EB144/32](#) [EB144/33](#) [EB144/34](#)

The report [EB144/34](#) is of particular relevance for non-State actors (NSAs) working on NCDs. It contains new measures relating to the participation NSAs in WHO governing body meetings (item E) and a concept note for participation including a proposal for an informal forum additional to existing engagement at EB and WHA meetings (in annexe). These proposals are the result of informal Member State consultations held in Geneva on 13-14 September and 23-24 October 2018.

Key messages:

- **Flexibility on timelines for statement submission is necessary:** While we greatly appreciate the opportunity that advance submission of statements by NSAs would allow Member States to consider the priorities raised, it is important to allow for these statements to be updated to reflect, for example, new decision texts which are negotiated by Member States and evolve in the days prior to a given agenda item being discussed at EB or WHA. It is important that NSAs are permitted to update their statements less than two weeks prior to the start of the meeting.
- **Coordination required for joint statements by NSAs should be taken into account:** While the preparation of joint statements has many advantages including collaboration across different NSAs, increased impact, and limited repetition, this is time consuming. It is therefore keen that papers are available at least two weeks prior to the submission deadline for the agenda item concerned, and furthermore that at least six hours' notice is given to allow coordination across organisations in case the Chair asks for statement durations to be shortened.
- **The opportunity offered by an informal forum for NSAs for more meaningful dialogue with Member States is appreciated:** We commend the reference made to the fact that such a meeting is an additional opportunity for interaction, is not intended to replace, and will be additional to current participation by NSAs in WHO governing body meetings. Further information on a the strength of the mandate for Member States to send a representative to the meeting should be outlined. There is little to no benefit to holding a forum if NSAs actors are not able to interact with Member State representatives from their country.
- **Scheduling of the informal forum must allow for maximum participation by both Member States NSAs:** A meeting directly before the WHA is likely to be poorly attended by Member States. An informal meeting in January, ahead of the Programme, Budget, and Administration Committee (PBAC) meeting and the EB session would minimise travel burden on both Member States and NSAs, and would provide fruitful opportunities for discussion on priorities to be taken forward during the EB meeting and onwards to the WHA. A stand-alone meeting some weeks before the WHA would likely mean that participation for NSAs based in LMICs may be cost-prohibitive and opportunities for virtual participation would have to be considered well in advance. A standalone meeting at another point in the year, when the draft documents for the following governance meeting would not yet be available would have limited impact.

Agenda item 7.3 - Engagement with non-State actors [EB144/36](#) [EB144/37](#)

The report by the Director-General is the third annual report describing implementation of the Framework of Engagement with Non-State Actors (FENSA), in place since 2016. The Director-General emphasises that the GPW objectives and triple billion targets cannot be achieved without stronger and more systematic engagement of NSAs, including civil society, private sector actors, academia and philanthropy.

The report mentions some notable collaborations between NSAs and WHO in 2018, including memorandums of understanding with IHME and WMA, the civil society task team, a childhood cancer action with St Jude's Children's Research Hospital. The report also mentions collaboration on a fitness app with a private sector IT company, but the company is not named. The DG and senior management have met leaders of NGOs and CEOs of pharmaceutical and IT companies, but the organisations are not named. Likewise, the organisations who have seconded staff to WHO (3 from NSAs, one from academia, 2 from philanthropies) are not identified.

The report notes that several implementation challenges have arisen, including in ensuring exclusion of the tobacco industry's interests. Notably, the report notes that WHO wants to cosponsor major global health events but is reviewing cosponsorship practices, in case of conflicting interests with private sector sponsors.

A full evaluation of FENSA implementation and impact is planned in 2019, which will include development of systematic due-diligence and risk assessment, and potential proposals for revision, for consideration at EB in January 2020. WHO is also developing a strategy for engagement with NSAs.

Key messages:

- **Call for more transparency on collaborations and meetings, particularly with the private sector.** It is notable that several cooperations with civil society NSAs are mentioned by name, but those with the private sector are not. We request transparency across the board, including identifying the organisations participating in particular actions with WHO. For example, the report does not mention the bilateral meetings held with sectoral representatives of alcohol, food and beverage, insurance, pharmaceutical, sports and IT industries.
- **Bilateral meetings with the alcohol sector are inappropriate** (please see section 5.8 above) The 2018 WHO Global Status report on alcohol makes clear that the societal impacts, including NCDs, are rising in LMICs, particularly Africa, due to rapidly increasing alcohol consumption triggered by marketing campaigns and increased availability. Parts of the alcohol industry continue to falsely claim health benefits of consumption in moderation and advocate for self-regulation, with the aim of misleading consumers and health professionals and ultimately to avoid effective measures to protect health.

Agenda Item 10: Matters for information

Agenda item 10.1 - Outcome of the Second International Conference on Nutrition Document [EB144/50](#)

Member States will receive for information the biennial report by the DG on the Outcomes of the 2nd International Conference on Nutrition and the implementation plan of the Report from the Commission on Ending Childhood Obesity. The report outlines positive policy developments and financial commitments made by Member States (incl Brazil and Ecuador) and UN agencies (eg WHO, FAO) to tackle malnutrition in all its forms, and the formation of global and regional Action Networks to accelerate and align policy. The report details insufficient, uneven progress on addressing malnutrition at national levels, the DG identifies several areas for intensified action to tackle malnutrition, and looks ahead to the 2020 Nutrition for Growth Summit.

Key messages:

- **Call for more ambitious, well-resourced SMART commitments, improved policy coherence to tackle all forms of malnutrition:** We commend leading Member States and UN Agencies and support the DG's recommended areas for intensified action, but call on governments to make more ambitious SMART commitments with win-win benefits for all forms of malnutrition. We call on governments to promote policy coherence and multisectoral actions with double or triple benefits - where benefits are realised by multiple sectors such as health and environment - concurrently. Given adverse impacts of lobbying by parts of the food, beverage and alcohol industries on the HLM Political Declaration, we call for stronger measures to protect policy-making with regard to nutrition from conflict of interest and industry interference.