

# NCD Alliance Webinar

Wednesday 9 November 2016



**NCD Alliance**

PUTTING NON-COMMUNICABLE DISEASES  
ON THE GLOBAL AGENDA

# Agenda

## Moderator:

Cristina Parsons Perez, NCD Alliance

## Speakers:

Priya Kanayson, NCD Alliance

Alena Matzke, NCD Alliance

Lucinda Westerman, NCD Alliance

Josianne Galea, NCD Alliance

Jess Beagley, NCD Alliance

Cristina Parsons Perez, NCD Alliance

# Agenda

## 1.Global WHO and UN Updates

- SDG Indicator Process
- Commission on Social Development and Commission on Status of Women 2017
  - WHO Consultations on Dementia, Childhood Obesity and Non State Actors
  - WHO Shanghai Declaration on Health Promotion
  - WHO Director General Election

## 2.Regional Updates

- WHO Regional Committee Meetings
  - WHO GCM/NCD Global Dialogue
- NCD Regional CSO Meetings in AFRO and EURO

## 3.Environment and Health

- Habitat III – New Urban Agenda adopted
- UN Framework Convention on Climate Change - COP23

# Global Advocacy Campaign



Priya Kanayson  
NCD Alliance

# Agenda

1. Outcomes of UNGA71
2. Update on Indicator Process for the SDGs
3. Commission on Social Development 2017
4. Commission on the Status of Women 2017

# Recap of the UN General Assembly 2016

## 71<sup>st</sup> Session of the UN General Assembly 19 – 23 September, New York

**Theme:** The Sustainable Development Goals: a universal push to transform our world

### Key Events:

- [High-level Summit on Migrants and Refugees](#)
- [High-level Meeting on Antimicrobial Resistance \(AMR\)](#)
- Plenary Sessions
- Side Events



# Recap of the UN General Assembly 2016

## Key Takeaways:

- Discussions on health focused mainly on AMR
- Several NCD-related events
  - Nutrition, NCDs in fragile situations, access to healthcare for people living with NCDs, young people
- Focus on importance of innovative partnerships and engagement of relevant private sector
- Launch of the UN High-level Panel on Access to Medicines report
- Strong focus on need for better, more robust data and HSS
- Health in Post-2015 NGO group to compile status report on health in the SDGs for 2017 HLPF
- President Vázquez of Uruguay called on global community to unify and form an alliance to tackle NCDs



# Update on SDG Indicator Process

## 4<sup>th</sup> Meeting of Inter-Agency Expert Group SDGs ([IAEG-SDGs](#)), Geneva

- 15 – 16 November: IAEG-SDGs Member meeting
- 17 – 18 November: Plenary Session (stakeholders who were registered for original Addis Ababa meeting)

### Objectives:

Finalize tier system

Establish  
refinement  
process

Review work plans  
for Tier 3  
indicators

Discuss options for  
indicators w/out  
proposed  
custodian agency

Review data flows  
from national →  
regional → global  
levels

Discuss best  
practices for data  
delivery



# Commission for Social Development (CSocD)

## CSocD55: 1 – 10 February 2017, New York

- **Priority Theme:** Strategies for the eradication of poverty to achieve sustainable development for all
- **Provisional agenda** available [here](#)
- Will contribute to the follow-up and review of the 2030 Agenda by supporting thematic reviews, promoting cross-cutting themes
- **Attendance:** Member States, UN Agencies, CSOs
- **Civil Society Forum:** 30 – 31 Jan 2017
- **Registration:** Closes **20 Jan 2017** [online](#) (for NGOs in consultative status with ECOSOC)

**55<sup>TH</sup>** **COMMISSION** for  
**SOCIAL DEVELOPMENT**

# Commission on the Status of Women (CSW)

## CSW61: 13 – 24 March 2017, New York

- **Purpose:** Discuss progress and gaps in implementation of 1995 [Beijing Declaration and Platform for Action](#) + emerging issues
- **Priority Theme:** Women's economic empowerment in the changing world of work
- **Review Theme:** Challenges and achievements in the implementation of the MDGs for women and girls
- **Attendance:** Member States, UN Agencies, CSOs
- **Registration:** Open **11 Nov 2016 – 27 Jan 2017** [online](#) (for NGOs in consultative status with ECOSOC)



Q & A



# WHO consultation processes

## October 2016



Alena Matzke  
Advocacy Manager

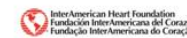
# Ending Childhood Obesity (ECHO)

## WHO Draft Implementation Plan on Ending Childhood Obesity

### *Process*

- January 2016: WHO Commission publishes final recommendations
- May 2016: WHA mandates Secretariat with development of implementation plan
- October 2016: Public consultation
- November/December: Secretariat publishes revised implementation plan
- January 2017: WHO EB discusses draft plan – *key advocacy moment*
- May 2018: WHA adopts implementation plan

**NCDa/WCRFI/WOF  
joint submission with  
23 signatories:**



# Ending Childhood Obesity (ECHO)

## Joint NCD Alliance / WCRFI / WOF Submission

- + Integrity of initial package of policy recommendations maintained
- + Strong recognition of the role of civil society
- **Lack of specificity:** more detailed guidance to support Member States
- **Lack of monitoring & accountability mechanism** to track progress
- **Role of the food & beverage industry:** insufficient and weak guidance on how to protect policy-making from corporate influence

## Key recommendation

- 2<sup>nd</sup> work phase: develop a **Framework for Evaluating Progress of the Implementation Plan** with clear targets & indicators ahead of WHA70

## Next steps

- Advocacy in lead up to / at WHO Executive Board in January 2017 (e.g. joint letter to Member States)

# Registry of Contributions from NSAs

## **WHO Discussion Paper:** Approach to register NSA contributions to the achievement of 9 global NCD targets

- **2014 Outcome Document** called for development of an *“approach that can be used to register and publish contributions of the private sector, philanthropic entities, civil society and academic institutions to the achievement of the nine voluntary NCD targets”*
- **Discussion paper** sets out approach, including a set of output indicators; open for consultation with Member States, UN agencies, and Non-State Actors in October 2016
- **2017 January Executive Board** to discuss approach

# Registry of Contributions from NSAs

## NCD Alliance response to WHO Discussion Paper:

- NSAs, including CSOs, play an important part in supporting national and international action on NCDs
- Lack of specificity as to the **purpose, process of making commitments and monitoring & evaluation component** of proposed register
- “Contributions” should be formulated as SMART commitments, but WHO GCM/NCD does not have mandate/resources to track commitments
- Companies whose core business negatively impacts public health/NCDs should only be allowed to make commitments that directly address their core business
- **Key recommendation:** More work, incl. careful analysis of lessons learnt from similar initiatives such as *EU Platform for action on diet, physical activity and health* and focused consultation with MS, academia and civil society is necessary



# Global Dementia Action Plan 2017-2025

## Zero Draft of the global action plan on the public health response to dementia

- May 2016: WHO EB mandated a plan with clear goals and targets
- Sets out **strategic action areas and recommended actions** for Member States, intl. partners and WHO to **improve the care and quality of life** of people with dementia, their carers and families and to **decrease impact of dementia on society**
- January 2017: EB to discuss revised plan

## NCD Alliance response

- Called for a stronger vision and more ambitious targets
- Highlights need to recognize palliative care as a core part of the continuum of care for people living with dementia

Q & A



# 9<sup>th</sup> Global Conference on Health Promotion & Shanghai Declaration



Lucy Westerman,  
NCD Alliance

# 9<sup>th</sup> Global Conference on Health Promotion

***Promoting health,  
promoting sustainable development  
Health for all, and all for health***  
Shanghai, 21-24<sup>th</sup> November 2016



WHO / UNDP Policy Briefs can be accessed [here](#).

# Health for all & all for health

## 3 main 9<sup>th</sup> GCHP goals

- Raise awareness about importance and potential of health promotion for delivering *2030 Agenda* and its SDGs.
- Highlight need for reflecting health promotion in national SDG responses.
- Showcase how health promotion can accelerate progress on SDG targets.



Link to [infographic here](#)



# Shanghai Declaration & Healthy Cities Consensus

## Shanghai Declaration on Promoting Health

## Mayors' Consensus on Healthy Cities 2016

[\(download draft\)](#)

[\(download draft\)](#)

FINAL DRAFT (VERSION DATED 1 NOVEMBER 2016)  
for consideration by participants attending the  
9<sup>th</sup> Global Conference on Health Promotion (Shanghai, 21-24 November 2016)

### Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development

*We recognize that health and wellbeing are essential to achieving sustainable development*

On 21-24 of November 2016 in Shanghai, China, we formally recognize that health and wellbeing are essential to achieving the United Nations Development Agenda 2030 and its Sustainable Development Goals.

We reaffirm health as a universal right, an essential resource for everyday living, a shared social goal and a political priority for all countries. The UN Sustainable Development Goals (SDGs) establish a duty to invest in health, ensure universal health coverage and reduce health inequities for people of all ages. **We are determined to leave no one behind.**

*We will promote health through action on all the SDGs*

Healthy lives and increased wellbeing for people at all ages can be only achieved by promoting health through all the SDGs and by engaging the whole of society in the health development process. The transformative, practical, high impact and evidence-based strategies developed in the wake of the *Ottawa Charter for Health Promotion* provide us with a compass. We confirm their enduring relevance. This means acting decisively on all determinants of health, empowering people to increase control over their health and ensuring people centered health systems.

*We will make bold political choices for health*  
We face a new global context for health promotion. People's health can no longer be separated from the health of the planet and economic growth alone does not guarantee improvement in a population's health. Health security challenges are on the rise and powerful commercial forces work to counteract health. The wide spectrum of

global health crises is a testimony of these rapid changes and requires an integrative response.

Unacceptable health inequities require political action across many different sectors and regions. They also require global collective action. If we are to leave no one behind this includes determined action on the rights of women, people on the move and of the increasing number of people affected by humanitarian and environmental crisis. We will prioritize good governance, local action through cities and communities, and people's empowerment by promoting health literacy. We will place a high priority on innovation and development to support people's enjoyment of a healthy life and give precedence to the health of the most vulnerable

*Good governance is crucial for health*  
Policies for health and social justice benefit the whole of society. Failures in governance are too often detrimental to action to promote health, at national and at global level. The interdependence and universality of the SDGs offer great potential benefits from investing in all determinants of health.

We recognize that governments have a fundamental responsibility at national, local and global level to address the damaging effects of unsustainable production and consumption. This includes offsetting economic policies based on deregulation and austerity that create unemployment and unsafe working conditions, and enable marketing, investment and trade that compromise health. We also call on business leaders to demonstrate good corporate governance - profit must not stand above people's health. This is of particular concern in fighting the NCD epidemic.

*We commit to*  
- apply fully the mechanisms available to government to protect health and promote wellbeing through public policies;

PH, 21-24 November 2016)

Health literacy empowers and drives equity  
Health literacy empowers individual citizens and enables their engagement in collective health promotion action. A high health literacy of decision-makers and investors supports their commitment to health impact, co-benefits and effective action on the determinants of health. Health literacy is founded on inclusive and equitable access to quality education and life-long learning. It must be an integral part of the skills, and competencies developed over a lifetime, first and foremost through the school curriculum.

*We commit to*  
- recognize health literacy as a critical determinant of health and invest in its development;  
- develop, implement and monitor intersectional national and local strategies for strengthening health literacy in all populations and in all educational settings;  
- increase citizens' control of their own health and its determinants, through harnessing the potential of digital technology;  
- ensure that consumer environments support healthy choices through pricing policies, transparent information and clear labelling.

*Call to action*  
We recognize that health is a political choice and we will counteract interests detrimental to health and remove barriers to empowerment - especially for women and girls. We urge political leaders from different sectors and from different levels of governance, from the private sector and from civil society to join us in our determination to promote health and wellbeing in all the SDGs. Promoting health demands coordinated action by all concerned. It is a shared responsibility. With this Shanghai Declaration, we, the participants, pledge to accelerate the implementation of the SDGs through increased political commitment and financial investment in health promotion.

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### Shanghai Mayors' Consensus on Healthy Cities 2016

*We - more than 100 mayors from around the world - have come together on 21 November 2016 in Shanghai, China - united in the knowledge that health and sustainable urban development are inextricably linked, and steadfastly committed to advancing both. We also recognise that health and wellbeing are at the core of the United Nations Development Agenda 2030 and its Sustainable Development Goals.*

*Cities working for health and wellbeing are central to sustainable development*

Mayors and local leaders can play a defining role in delivering all SDGs. As mayors we have a responsibility to act locally and collectively to make our cities inclusive, safe, resilient, sustainable and healthy. We are determined in our resolve to leave no one behind: the city belongs to all its residents.

Health is created at the local level in the settings of everyday life, in the neighbourhoods and communities where people of all ages live, love, work, study, and play. Health for all cannot be achieved without local leadership and citizen engagement. The good health of its citizens is one of the most powerful and effective markers of any city's successful sustainable development. This puts health at the centre of every mayor's agenda.

We recognize our political responsibility to create the conditions for every resident of every city to lead more healthy, safe and fulfilling lives. Cities are places where planning and policy-making is closest to communities - it must, therefore, incorporate communities' views, voices and needs. We commit to remove barriers to empowerment - especially for women, children, and other potentially vulnerable populations - and to support the full realization of human potential and capabilities at all ages in the city environment.

*We commit to good governance for health*

Healthy Cities are platforms for implementing good governance for health, as well as improving health literacy - that is, for promoting health. As mayors, we commit to prioritize the political choice for health in all domains of city governance and to measure the health impact of all our policies and activities. Achieving the SDGs will require close synergy between the global and national goals, and our local plans and programs. We have agreed to base our action on five governance principles which reflect the transformative agenda of the SDGs.

*Our governance principles*

*As mayors we commit to five healthy cities governance principles:*

1. **Integrate health as a core consideration in all policies:** prioritize policies that create co-benefits between health and other city policies, and engage all relevant actors in partnership-based urban planning
2. **Address all - social, economic and environmental - determinants of health:** implement urban development, planning and policies which reduce poverty and inequality, address individual rights, build social capital and social inclusion, and promote sustainable urban resource use
3. **Promote strong community engagement:** implement integrated approaches to promoting health in schools, workplaces, and other settings; increase health literacy; and harness the knowledge and priorities of our populations through social innovation and interactive technologies
4. **Reorient health and social services towards equity:** ensure fair access to public services and work towards Universal Health Coverage
5. **Assess and monitor wellbeing, disease burden and health determinants:** use this information to improve both policy and implementation, with a special focus on inequity - and increase transparency and accountability.

- making our industries and cities green and ensure clean energy and air
3. **Invest in our children,** prioritize early child development and ensure that city policies and programs in health, education and social services leave no child behind
4. **Make our cities safe for women and girls,** especially protecting them from harassment and gender based violence
5. **Improve the health and quality of life of the urban poor, slum and informal settlement dwellers, and migrants and**

- refugees - and ensure their access to affordable housing and health care;
6. **Address multiple forms of discrimination,** against people living with disabilities or with HIV/AIDS, older people, and others
7. **Make our cities safe from infectious disease** through ensuring immunization, clean water, sanitation, waste management and vector control,
8. **Design our cities to promote sustainable urban mobility,** walking and physical activity through attractive and green neighborhoods, active transport infrastructure, strong road safety laws, and accessible play and leisure facilities
9. **Implement sustainable and safe food policies** that increase the access to affordable healthy food and safe water, reduce sugar and salt intake, reduce the harmful use of alcohol including through regulation, pricing, education and taxation
10. **Make our cities smoke free,** legislating for smoke-free environments in public places and public transport and banning all forms of tobacco advertising, promotion and sponsorship in our cities.

*We express our firm determination to make bold political choices for health*

Many cities are already contributing to the SDGs in city-based networks through determined political action on a new urban agenda. We will contribute to this movement through our healthy city networks.

We call on all mayors and urban leaders, regardless of whether their cities are big or small, rich or poor to join this movement. We commit to sharing experiences and best practices with each other, as we aim to bring together global and national goals with our local plans and programs, and in doing so journey towards making our cities the healthiest they can be. We ask the World Health Organization to support us in this effort and to strengthen its healthy city networks in all regions.

We commit to come together at regular intervals to demonstrate and ensure our political commitment to implement this ambitious agenda.

# Shanghai Declaration on Promoting Health in 2030 Agenda

## 3 areas of commitments to *leave no one behind*:

- **Good governance**
  - Strengthen regulation and taxation of unhealthy commodities; implement fiscal policies as tools to enable new investments in health; introduce UHC; ensure transparency and accountability and engage civil society; better address cross border health issues.
- **Local action through healthy cities and communities**
  - Prioritise policies that create co benefits; make use of innovation and technologies; support cities to promote equity and social inclusion; strengthen community engagement to harness diverse knowledge, skills and priorities; re-orient health and social services to optimize people & community centred fair access.
- **Empowering people with health literacy.**
  - Recognise and invest in health literacy as a health determinant; develop, implement and monitor inter-sectoral strategies for strengthening health literacy in all populations and settings; increase citizens' control of their own health and its determinants; ensure consumer environments support healthy choices through pricing policies, transparent information and clear labelling.

# Further information on 9<sup>th</sup> GCHP

## Call to Action:

***“Health is a political choice... join us in our determination to **promote health and wellbeing in all the SDGs**. Promoting **health** demands coordinated action by all concerned, it is **a shared responsibility**. With this Shanghai Declaration, **we**, the participants,. **pledge to accelerate the implementation of the SDGs through increased political commitment and financial investment in health promotion**”***

## Websites

WHO: [www.who.int/shanghai2016](http://www.who.int/shanghai2016)

Conference: <http://healthpromotion2016.org/en/>

## Social Media:

Twitter: #choosehealth & #9GCHP



Q & A



# Election of the next WHO Director General



Josianne Galea  
Capacity Development Officer

# Electing the Next WHO DG

## Process so far:

- **Sep 2016:** Member State announcements for nominated candidates completed.
- **Oct 2016:** Web Forum (private online forum held by WHO for Member States and candidates).
- **Nov 2016:** Candidates Forum (live event where candidates responded to MS questions - [webcast](#) and now available online in WHO official languages).

*Nov 2016: Open 'Question Time' at Chatham House (unofficial event - more information available [here](#)).*

## Next steps:

- **Jan 2017:** WHO's Executive Board will select 5 of 6 candidates to interview. 3 will be nominated to go forward to the WHA in May 2017.
- **May 2017:** At the 70<sup>th</sup> WHA, Member States will vote in the new DG.
- **Jul 2017:** New DG to take office and begin a 5-year term.

# Electing the Next WHO DG

## How is this election process different?

- New Code of Conduct
- MS and candidates opportunity to interact via online and live forum before Executive Board session nominates final three.
- Health Assembly to appoint DG from up to three candidates (previously received one nomination from the Executive Board).
- Shorter transition period

*Chatham House*: ‘UN agencies have a multitude of ways of electing their chief executives – but none of them bear comparison in terms of openness and transparency with the WHO’s new process.’

Detailed timeline spanning April 2016-July 2017 available [here](#).

Lancet article on Candidates’ visions and priorities available [here](#).

# Brief DG Candidate Profiles



**Tedros Adhanom Ghebreyesus, *Ethiopia***

Ethiopian Minister of Foreign Affairs. Also served as Minister of Health between 2005-2012. Sole candidate from the African region.



**Flavia Bustreo, *Italy***

ADG of Family, Women's and Children's Health at the WHO and has served as Director of The Partnership for Maternal, Newborn & Child Health.



**Philippe Douste-Blazy, *France***

Served as French Minister of Health before becoming Foreign Minister. Leader on innovative financing for health, chairing UNITAID since 2006.

# Brief DG Candidate Profiles



**David Nabarro, *UK***

Lead UN response to Ebola in 2014 & the 2010 cholera epidemic in Haiti. Appointed Special Adviser on 2030 Agenda by Ban Ki-moon in 2015.



**Sania Nishtar, *Pakistan***

Pakistan's former Minister of Health with distinguished career as civil society leader. Founded Heartfile in 1999.



**Miklós Szócska, *Hungary***

Minister of State for Health between 2010 & 2014. Founder & Director of the Health Services Management Training Centre, Semmelweis University.

Q & A



# WHO Regional Committee Meetings



Jess Beagley  
NCD Alliance



# Dates of WHO Regional Committee Meetings

**AFRO**: 19-23 August, Addis Ababa, Ethiopia

**SEARO**: 5-9 September, Colombo, Sri Lanka

**EURO**: 12-15 September, Copenhagen, Denmark

**PAHO**: 26-30 September, Washington D.C., USA

**EMRO**: 3-6 October, Cairo, Egypt

**WPRO**: 10-14 October, Manila, Philippines

- National NCD Alliance for Sri Lanka **“NCD Alliance Lanka”** launched at a side event on 4 September, uniting Diabetes Association of Sri Lanka, Sri Lanka Heart Association, Sri Lanka Cancer Society and Ceylon National Association for Prevention of Tuberculosis
- **Colombo Declaration** on strengthening health systems to accelerate delivery of NCD services at the primary health care level adopted on the opening day, inaugurated by the Prime Minister of Sri Lanka in the presence of Dr Margaret Chan and health ministers of the 11 member countries of the Region – 8 points for action and means to achieve them
- Resolution SEA/RC69/R4 adopted on **promoting physical activity** – NCDA will be attending ISPAH conference in Bangkok to further efforts in supporting more global movement
- Resolution SEA/RC69/R5 adopted on **double burden of malnutrition**



Colombo Declaration on NCDs: [SEA/RC69/R1](#)  
SEARO Statement: [ADI and NCDA](#)

# EURO and PAHO

## EURO

- Resolution EUR/RC66/R11 on **NCD prevention and control**, including focus on 2014 UN Review time bound commitments, life course approach, collaboration across sectors and surveillance
- Resolution EUR/RC66/R4 on implementing **2030 Agenda**
- Resolution EUR/RC66/R5 on **integrated health systems for person-centred services**
- Resolution EUR/RC66/R6 on **health of migrants**
- Resolution EUR/RC66/R8 on **women's health and wellbeing**
- Joint statement with World Heart Federation

## PAHO

- Resolution CD55R3 on **engagement with non-state actors**
- Resolution CD55R13 on **health of migrants**
- Joint statement with World Heart Federation and InterAmerican Heart Foundation

# EMRO and WPRO

## EMRO

- Resolution EM/RC63/R.2 on **scaling up family practice and progressing towards universal health coverage**
- NCD Alliance Statement



## WPRO

- Resolution WPR/RC67.R5 on **Sustainable Development Goals**
- Resolution WPR/RC67.R2 on **Environmental health**
- Joint statement with Union for International Cancer Control

EMRO Statement: [NCDA](#)

WPRO Statement: [UICC and NCDA](#)

Q & A



# WHO GCM/NCD Global Dialogue



Cristina Parsons Perez  
NCD Alliance

# WHO/GCM NCDs

- Enhance coordination of activities, multistakeholder engagement towards implementation of WHO Global Action Plan on NCDs
- Working groups, global dialogues, global campaign
- **Global campaign – Beat NCDs, NCDs & me**

## Functions:

Advocating and  
raising  
awareness

Disseminating  
knowledge and  
information

Encourage  
innovation and  
identify barriers

Advance  
multistakeholder  
action

Advocating for  
the mobilisation  
of resources

# 2016 Global Dialogue

- The role of non-State actors in supporting Member States in their national efforts to tackle NCDs as part of the 2030 Agenda for Sustainable Development
- Mauritius, 19- 21 October
- Co-chaired by govts of Mauritius and France
- Multistakeholder collaboration in the areas of governance, planning, monitoring, and multisectoral mechanisms, as well as map opportunities and highlight possible solutions and best practices



# 2016 Global Dialogue

- [Co-chairs statement](#) (roles of NSAs and recommendations)
- *We call on international development donors to increase and sustain their investments in enhancing the capacity of relevant national NGOs to ensure their full and active participation in the development and implementation of national NCDs responses.*
- Dialogue Report
- Statement + report – feed into SG 2017 NCD report, 2018 UN HLM on NCDs

Q & A



# Regional Civil Society Meetings



Cristina Parsons Perez  
NCD Alliance

# AFRO Regional Meeting

## **Regional Consultation on the roles and responsibilities of WHO and civil society organizations in the prevention and control of non-communicable diseases in the African region**

**Mauritius, 17-18 October 2016**

- NCDA in collaboration with WHO AFRO held a Regional Consultation on the roles and responsibilities of WHO and civil society organisations in the prevention and control of noncommunicable diseases in the African region.
- First time that WHO AFRO convened civil society from across the region on the subject of NCDs. Involved over 45 civil society organizations from across the African region.
- Preceded the Global Dialogue on non-state actors' role in supporting MS in NCDs.

# AFRO Regional Meeting

## *Goals and Objectives*

- To share experiences, lessons learnt, and good practices on CSO involvement in NCD prevention and control and brainstorm on ways to catalyze the establishment of a Regional CSOs' Network for the prevention and control of NCDs.
- To review and provide input into the draft WHO AFRO NCD framework.
- To foster effective collaboration among CSOs in the Region and WHO in order to accelerate implementation of the AFRO NCD framework

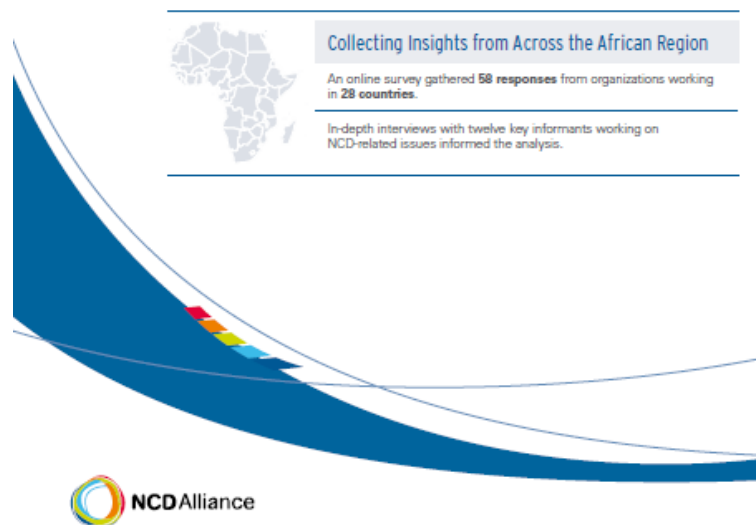
# AFRO Regional Meeting

## Outcomes

- Formation of an AFRO regional NCD civil society network which will allow for increased information exchange amongst members as well as capacity building of CSOs and alliances, and coordinated regional advocacy.
- The meeting also consulted civil society on the AFRO Regional Framework for Collaboration with CSOs in the Prevention and Control of NCDs in the African Region. Once finalised, it will be submitted for formal adoption by member states of the region.

## PREVIEW: MAPPING OF NCD CIVIL SOCIETY ORGANISATIONS IN THE WHO AFRO REGION

This mapping of civil society organisations (CSOs) is intended to inform discussions at the WHO AFRO & NCD Alliance Regional Consultation on the roles and responsibilities of WHO and CSOs in the prevention and control of non-communicable diseases (NCDs) in the African region taking place in Balacava, Mauritius on 17-18 October, 2016. It aims to describe the status of NCD civil society in the region, identify current areas of action, understand the main challenges faced, and identify the largest capacity gaps and needs. These preliminary findings are relevant to NCD stakeholders in the WHO AFRO region interested in civil society and in contributing to and strengthening the NCD response.



# EURO Regional Meeting

## *Regional Consultation on the European Response to Chronic Diseases - the Role of Civil Society in Brussels*

### **Belgium on 12-13 December, 2016**

- Jointly organised by the NCD Alliance and the European Chronic Disease Alliance (ECDA) and co-sponsored by the World Health Organization.
- Follow-up to the adoption of the 2016-2025 WHO European Action Plan for the prevention and control of NCDs at the 66th WHO EURO Regional Committee meeting in Copenhagen on 12-15 September, 2016.
- While grassroots movements exist, these are largely working in parallel and a greater level of information sharing and collaboration around common objectives is thus possible. Consequently, the meeting will allow CSO platforms working on NCDs across both the EU and WHO Europe to work together.

# EURO Regional Meeting

## *Goals and Objectives*

1. To **convene** NCD CSO's in the region in order to share experiences, challenges, lessons learnt and good practices and identify ways for different CSO platforms working on NCDs across both the EU and WHO Europe to effectively work together and define common regional advocacy priorities.
1. To strengthen the **capacity** of NCD CSO's in the region, with a particular focus on supporting the emergence of national/regional NCD alliances to drive advocacy, policy, and accountability.
2. To support implementation of the 2016-2025 WHO European action plan for the prevention and control of NCDs, and other regional NCD priorities, through effective collaboration between CSOs, within and across countries, with WHO EURO, EU, and national policymakers.



# EURO Regional Meeting

## *Outputs*

- A report containing:
  - An outline of key priorities for joint action for the NCD CSO movement in WHO EURO under the framework of the 2016-2025 WHO European action plan for the prevention and control of NCDs
  - Key areas for collaboration between CSOs, WHO EURO, and the European Commission
  - Key recommendations for strengthening the CSO movement in the region.
- A Mapping of NCD Civil Society within the European Region

Q & A



# Environment & Health: Climate Change & Urbanisation



Jess Beagley  
NCD Alliance

# Urban Health: Habitat III

## 17-20 October, Quito, Ecuador

- 50,000 registered participants – multisectoral and intersectoral action
- Poor attention to health in preparatory process; strong focus on health in side events
- Outcome document 'New Urban Agenda' adopted 20<sup>th</sup> October

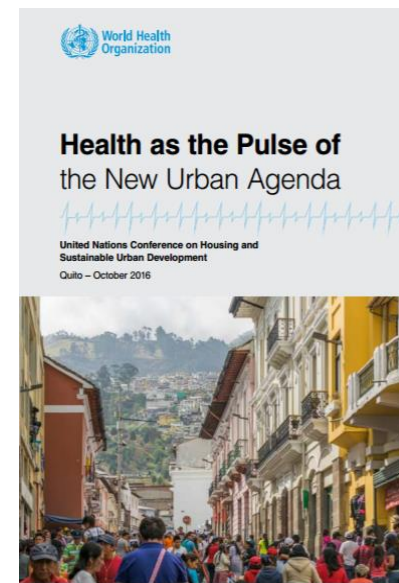
	Zero Draft – 6 May	Agreed Draft –adopted 20 Oct	Total Change
Health, healthy, healthcare	13	26	+13
Nutrition, nutritious, malnutrition	1	7	+6
Food, food security	9	12	+3
Air quality / pollution	3	8	+5
Walking, walkability, sidewalk, pedestrian infrastructure	3	4	+1
Cycle, cycling	4	5	+1
Physical activity	1	0	-1
Non-communicable diseases	0	1	+1
Mental health	0	1	+1

# Urban Health: Habitat III

## What Next?

- Attention now on implementation – New Urban Agenda is aspirational. Collaboration with local governments essential
- WHO Publication ‘Health as the Pulse of the New Urban Agenda - case studies and concrete interventions, and sets out four roles for the health sector:
  - 1) Promotion of clear health-based targets for clean air, water, and energy systems, for wider adoption by cities
  - 2) Guidance on health implications of urban policies
  - 3) Assessment of costs and health impacts of urban policies and decisions
  - 4) Monitoring and tracking health impacts of sector-based policies in cities

NCD Alliance and others seeking to collaborate – please get in contact



# Climate & Health: UNFCCC COP22

## 22<sup>nd</sup> Conference of the Parties to the UN Framework Convention on Climate Change



MARRAKECH COP22 | CMP12 | CMA1  
UN CLIMATE CHANGE CONFERENCE

- Ongoing in Marrakech, Morocco 7-18 November 2018
- Threshold for entry into force of the Paris Agreement was achieved on 5 October
- COP22 will focus on action items to achieve priorities of Paris agreement, especially related to adaptation, transparency, technology transfer, mitigation, capacity building and loss and damages
- Role of health sector: promotion of co-benefit solutions, multisectoral dialogue, low carbon and climate resilient health systems

### Events:

- 14 November: Lancet Countdown: Tracking Progress on Health and Climate Change (Lancet, UNFCCC)
- 14 November: Air Pollution, Climate Change & Health: Scaling up Solutions to Heal the Planet (Climate and Clean Air Coalition and WHO)
- 15 November: Ministerial Meeting on Health, Environment and Climate Change (WHO)
- 15 November: UN System Side Event on SDG 3: Good health and wellbeing (WHO, Morocco, UN-Habitat, UNICEF and others)

Q & A



# Thank you!

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