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WHO GCM/NCD

WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases

**Final meeting report
April 2016**

Dialogue on how to strengthen international cooperation on noncommunicable diseases within the framework of North–South, South–South and triangular cooperation

**Second dialogue convened by the World Health Organization Global Coordination Mechanism on
Noncommunicable Diseases**

**Monday 30 November – Tuesday 1 December 2015
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Contents

Foreword by the Assistant Director-General	3
Foreword by the Head a.i. of the WHO GCM/NCD Secretariat	5
WHO Director-General addresses the place of noncommunicable diseases in strategies and agendas7	
Abbreviations	15
Executive summary	16
1. Introduction	21
2. Context and initial reflections	22
3. Scope of discussions	23
3.1 2030 Agenda for Sustainable Development and strengthening international cooperation on NCDs 23	
3.2 Feedback from the caucuses	25
3.3 After Addis Ababa: financing national NCD responses in the post-2015 era.....	30
3.4 Making the investment case for donors to enhance NCD prevention in their bilateral and multilateral ODA policies	33
3.5 High-level segment	35
3.6 Trade and health.....	37
3.7 Integrating NCDs into international cooperation programmes in other development areas	39
4. Conclusions.....	44
Annex 1. Dialogue programme	48
Annex 2. Summary of the virtual discussion forum.....	49
Annex 3. List of participants.....	50

Foreword by the Assistant Director-General

The year 2015 was a historic crossroads when global leaders decided to include noncommunicable diseases (NCDs) in the new 2030 Agenda for Sustainable Development covering the period 2016–2030 – an issue that the Millennium Development Goals (2000–2015) did not address. The new agenda recognizes NCDs as a major challenge for sustainable development and includes a global target to reduce premature mortality from NCDs by one third by 2030. Global leaders also agreed in 2015 that price and tax measures on tobacco represented a revenue stream for financing the implementation of this new agenda in many countries.

The decision made by global leaders in 2015 to include NCDs in the Sustainable Development Goals (SDGs) derives from their decision in 2011 to acknowledge that NCDs constituted one of the major challenges for development in the 21st century. During the first United Nations High-level Meeting on NCDs in 2011, global leaders also agreed on a roadmap of national commitments to reduce premature mortality from major NCDs. The WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 and regional action plans provide guidance to governments and international partners on how to implement the commitments included in the roadmap.

In 2014, during the second United Nations High-level Meeting on NCDs, governments agreed to prioritize four time-bound commitments included in the 2011 roadmap – designed to accelerate locally tailored NCD responses within a framework that fosters renewed political commitment, leadership and accountability in preparation for the third United Nations High-level Meeting on NCDs in 2018.

The next two years of the NCD response must account for the findings of the WHO NCD Progress Monitor 2015, drastically reaching countries being left behind and capitalizing on the opportunities provided by the SDGs. The SDGs give governments a mandate to take the NCD response out of its isolation and unleash its potential to deliver on global collective action and collaboration. The lack of access to technical expertise is the most substantial barrier to scaling up NCD responses. International development cooperation must underwrite the need to explore new catalytic approaches to global cooperation for NCDs.

If we do not accelerate international development cooperation in the countries left behind, the costs of the NCD epidemic – to national finances and human lives – will grow into a debt we can never repay. We will have squandered the global political capital we have worked so hard to win since 2011, and the NCD response will have lost its power to address one of the major challenges for development in the 21st century and save millions of lives.

“If we do not accelerate international development cooperation in the countries left behind, the costs of the NCD epidemic – to national finances and human lives – will grow into a debt we can never repay.”

WHO Assistant Secretary-General, Dr Chestnov

Putting an end to premature deaths from NCDs will lay the foundation for improving health and socioeconomic development of present and future generations. The dialogue of the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases conveyed a sense of urgency to accelerate international development cooperation for NCDs through bilateral and multilateral channels.

This report is primarily written for all partners concerned with action to prevent premature deaths and improve health outcomes for NCDs. We hope that the international development community

will seriously consider the inclusion of NCDs as part of their priorities in bilateral and multilateral collaboration with developing countries.

Dr Oleg Chestnov
Assistant Director-General for NCDs and Mental Health
WHO

Foreword by the Head a.i. of the WHO GCM/NCD Secretariat

The second dialogue organized by the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases (WHO GCM/NCD), held on 30 November and 1 December 2015, enabled multiple stakeholders to come together to discuss how to strengthen international cooperation on the prevention and control of noncommunicable diseases within the framework of North–South, South–South and triangular cooperation. The richness of the discussions and conclusions are testament to the important contributions of the more than 200 participants and the value added of the WHO GCM/NCD as a whole.

“As a mechanism that works to connect and enhance existing entities and initiatives, our success relies greatly on the contributions and willingness to engage of many different groups.”

Head a.i., WHO GCM/NCD Secretariat,
Dr Bente Mikkelsen

The WHO GCM/NCD is a young endeavour with an ambitious mandate, namely to facilitate and enhance the coordination of activities, multistakeholder engagement and action across sectors at the local, national, regional and global levels, in order to contribute to the implementation of the WHO Global Action Plan on NCDs 2013–2020. As a mechanism that works to connect and enhance existing entities and initiatives, our success relies greatly on the

contributions and willingness to engage of many different groups. We are particularly grateful for the leadership and cooperation of all Member States at this dialogue, who worked under the guidance of our two distinguished co-chairs, H.E. Ambassador Jorge Lomónaco, Permanent Representative of Mexico to the United Nations in Geneva, Switzerland, and Mr Carl Reaich, Deputy Permanent Representative of New Zealand to the United Nations in Geneva, Switzerland, to reach productive conclusions. We are also thankful to those organizations that convened and engaged in pre-dialogue caucus meetings to “kick-start” discussions, as well as in the dialogue itself.

In the lead up to the dialogue, the WHO GCM/NCD worked with partners to develop a complementary, visual story of the existing power of international cooperation in addressing NCDs. The result was a photo exhibit and a brief video depicting compelling snapshots from around the globe. They shared stories of cervical cancer prevention amongst disadvantaged women in Belize and Jamaica; the Philippines’ Sin Tax Law, which by raising prices on tobacco is leading to reduced tobacco consumption, and also provides a source of sustainable financing for the country’s health care system; and finally, a twinning project between the Uganda NCD Alliance and the Danish NCD Alliance to strengthen civil society engagement on NCDs and provide better access to care. We hope to add more stories from other regions in future.

The results of this dialogue gave evidence to the fact that international cooperation can be effective in multiple ways. However, it cannot solve the NCD problem alone. It must be aligned with and complement national efforts, and be used strategically and as a catalyst in building awareness and increasing understanding and capacities of policy-makers and financiers. It should stimulate action within the health sector and across other sectors of society – in research and innovation; in shaping markets; in building partnerships; and in promoting the dissemination of knowledge and technical expertise. As we share ideas and forge connections, we must make use of them to support the realization of Member States’ four time-bound commitments on NCDs.

Progress towards meeting the above commitments remains limited and uneven. Bolder measures and urgent action is needed. A key message remains quiet: addressing NCDs is not a cost. It is an investment with high returns.

“Addressing NCDs is not a cost. It is an investment with high returns.”
Bente Mikkelsen, Head a.i. GCM/NCD

We hope that sharing the discussions and key findings of this dialogue will help to catalyse much-needed bold action on NCDs.

Dr Bente Mikkelsen
Head a.i., Secretariat of the WHO GCM/NCD

WHO Director-General addresses the place of noncommunicable diseases in strategies and agendas

Dr Margaret Chan, Director-General of the World Health Organization

Remarks at a dialogue on strengthening international cooperation on noncommunicable diseases, Geneva, Switzerland, 1 December 2015

Excellencies, ambassadors, distinguished participants in the Global Coordination Mechanism, representatives of sister United Nations agencies, civil society, and industry, ladies and gentlemen,

I welcome this first major meeting on noncommunicable diseases in the new era of sustainable development.

“The inclusion of NCDs under the health goal is an historical turning point. Finally, these diseases are getting the attention they deserve.”

WHO Director-General,
Dr Margaret Chan

The inclusion of NCDs under the health goal is an historical turning point. Finally, these diseases are getting the attention they deserve. Through their 169 interactive and synergistic targets, the SDGs seek to move the world towards greater fairness that leaves no one behind.

Business as usual will not work. The emphasis is on implementation that brings measurable results within countries. Let me highlight three words: country, implementation, results.

You all know the statistics. NCDs, with their heavy costs to societies and economies, put a brake on socioeconomic development. The probability of dying prematurely from an NCD is four times higher for people living in developing countries. These people develop disease earlier, get sicker, and die sooner than their counterparts in wealthy countries.

Including these diseases in the new development agenda sends a strong signal. The international community really understands that addressing NCDs is a route to greater and more inclusive prosperity.

Health benefits greatly from the agenda’s broad and integrated approach that tackles multiple economic, environmental, and social determinants of health.

The relationship between the five NCD-related health targets and many others is dynamic and the benefits are reciprocal. This integrated approach with its cross-cutting elements breaks new ground for health.

At last, it gives us a framework for policy coherence and integrated action across multiple sectors. As the root causes of NCDs lie in non-health sectors, prevention depends on this kind of broad collaboration and cooperation.

Integrated approaches are further encouraged by inclusion of a target for universal health coverage. This means ensuring that everyone can obtain essential health services of high quality without suffering financial hardship. This means removing sources of waste in the delivery of health services and making them more efficient.

A health system organized around the principles of universal health coverage offers the best chance of preventing NCDs, detecting them early, and providing essential care, also in the community.

Even if all preventive measures are implemented to perfection, health services will still see clinical cases of heart disease, cancer, diabetes, and chronic respiratory disease.

Consensus is growing that the SDGs, including national NCD responses, will not be primarily financed from aid budgets. Moving forward, countries are expected to make their tax systems more efficient and introduce measures to combat tax evasion and illicit tax flows.

This marks a fundamental change in patterns of health financing, where more of the burden is placed on domestic budgets. The Addis Ababa Action Agenda emphasizes that price and tax measures on tobacco represent a revenue stream for financing the SDGs in many countries.

“Consensus is growing that the SDGs, including national NCD responses, will not be primarily financed from aid budgets. Moving forward, countries are expected to make their tax systems more efficient and introduce measures to combat tax evasion and illicit tax flows.”

WHO Director-General,
Dr Margaret Chan

Today, you will be taking stock of the fitness of the existing architecture for international cooperation to support scaled-up action on NCDs. One of the biggest problems is the mismatch between the tremendous health and economic burden of these diseases and the meagre resources available for their prevention and control.

You will identify barriers, but you will also look at innovations that can get around these barriers in different country contexts.

You will take a closer look at the mobilization of financial resources through tobacco taxation. You will consider contributions from the private sector and philanthropic foundations, and explore the use of multidonor trust funds and loans. In doing so, we are fully aware of the need to guard against conflicts of interest.

The 2011 Political Declaration identified prevention as the cornerstone of the international response to NCDs. Reducing premature deaths need not be expensive. Abundant evidence shows the effectiveness of banning all forms of tobacco advertising, restricting or banning alcohol advertising, and replacing trans-fats with polyunsaturated fats. With strong political commitment, national authorities can take these policies on board.

A vaccine prevents liver cancer associated with hepatitis B infection. Simple screening and early intervention prevent cervical cancer. These are two of the most prevalent cancers in the developing world. WHO has also identified “best buys” for preventing heart attacks and strokes.

I have two concluding remarks. The first is a warning. Experience tells us to expect interference, by powerful economic operators, in the new targets for tobacco, alcohol, and NCDs, including many that are diet related. Be aware of the political struggle, but this is a battle worth fighting.

“Experience tells us to expect interference, by powerful economic operators, in the new targets for tobacco, alcohol, and NCDs, including many that are diet related. Be aware of the political struggle, but this is a battle worth fighting.”

WHO Director-General,
Dr Margaret Chan

So-called sin taxes on health-harming products represent a revenue stream for financing national NCD responses in many countries. But industry interference can block implementation of these low-cost, self-financing measures.

Of all the demand reduction measures sets out in the WHO Framework Convention on Tobacco Control, increasing taxes and prices for tobacco products is by far the most effective. It is also the least implemented, largely because of interference by the tobacco industry.

Second, never underestimate the power of civil society and public opinion. In some United States cities, efforts to impose taxes on soda were effectively blocked by the beverage industry.

However, extensive media coverage of the issues, including the risk that consumption of sugary beverages increases the risk of obesity, diabetes, and other diseases, led to a sharp reduction in consumption. In the end, mayors got what they wanted, though not through the intended way.

Is public opinion, sometimes outrage at industry practices, a resource we ought to use more?

I will leave you with these thoughts and look forward to hearing the outcome of your deliberations.

Thank you.











Abbreviations

DFAT	Department of Foreign Affairs and Trade, Australia
DFID	United Kingdom Department for International Development
ECOSOC	United Nations Economic and Social Council
FCTC	Framework Convention on Tobacco Control
GATT	General Agreement on Tariffs and Trade
GCM/NCD	Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases
GHG	greenhouse gas
ITU	International Telecommunication Union
JICA	Japan International Cooperation Agency
NCD	noncommunicable disease
NGO	nongovernmental organization
ODA	official development assistance
OECD	Organisation for Economic Co-operation and Development
PAHO	Pan American Health Organization
SDG	Sustainable Development Goal
TBT	Agreement on Technical Barriers to Trade
TRIPS Agreement	Agreement on Trade-Related Aspects of Intellectual Property Rights
UNCTAD	United Nations Conference on Trade and Development
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WTO	World Trade Organization

Executive summary

The vital need for innovative solutions and international cooperation to end the devastating effects of noncommunicable diseases (NCDs) ran as the resounding theme of the second dialogue meeting, convened on 30 November and 1 December 2015 by the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases (GCM/NCD). The notion that NCDs represent a threat not just to human development in a conventional sense but also to the future of all countries across the globe was acknowledged and exemplified.

The second dialogue meeting focused on how to strengthen international cooperation on the prevention and control of noncommunicable diseases within the framework of North–South, South–South and triangular cooperation. It brought together over 200 participants, including representatives from 90 Member States, 18 ambassadors, 11 United Nations organizations, 90 nongovernmental organizations (NGOs), 10 World Health Organization (WHO) collaborating centres, and 40 other organizations, including business associations, philanthropic foundations and academic institutions.

Prior to the meeting three pre-dialogue caucuses were held, which focused on specific stakeholders, principally the United Nations system, NGOs, philanthropic organizations and the private sector. They discussed the contributions they could make to the prevention and control of NCDs.

In her address to the dialogue, the WHO Director-General, Dr Margaret Chan, declared that “business as usual will not work. The emphasis is on implementation that brings measurable results within countries. Let me highlight three words: country, implementation, results.” This sentiment was strengthened throughout the dialogue, with a large variety of speakers reinforcing concrete case studies of what the implementation of internationally supported NCD programmes looks like at a local, national and regional levels.

“Business as usual will not work. The emphasis is on implementation that brings measurable results within countries. Let me highlight three words: country, implementation, results.”

WHO Director-General

Many advocates present at the meeting agreed that NCDs constitute one of the major challenges for development in the 21st century and could represent the social justice issue of our time.¹ The incorporation of NCDs into the 2030 Agenda for Sustainable Development therefore comes as a welcome step forward. Nonetheless, participants expressed a broad consensus that much more needs to be done in order to build on this momentum and ensure that no one is left behind in this new epoch of the fight against NCDs.

The enormity of the challenge that NCDs represent (50% of the global disease burden),² particularly in developing countries, where 82% of the 16 million annual premature deaths from NCDs occur,³ is a reality familiar to all who participated in the meeting. General agreement was conveyed that the NCD community needs to be united and forthright in its message that now is the time for concrete

¹ Sandeep Kishore, Young Professionals Alliance for Chronic Diseases.

² WHO GCM/NCD Working Group on Financing for NCDs, February 2015, policy brief: <http://who.int/nmh/ncd-coordination-mechanism/Policybrief5.2docx.pdf?ua=1>.

³ WHO Media Centre: <http://www.who.int/mediacentre/news/releases/2015/noncommunicable-diseases/en/>.

action to realize the targets set out in the WHO Global Action Plan on NCDs 2013–2020. During the meeting the need to integrate NCDs into other programmatic areas of the development agenda manifested as an emphasis on avoiding “siloes” approaches to the prevention and control of NCDs, particularly in light of the “integrated and indivisible” nature of the SDGs. In that regard, it was noted that while many of the NCD-related targets may reside under the health goal,⁴ approaches to achieving these targets clearly cut across many other areas, most of which deal with the social, economic and environmental determinants of health.

The NCD-related targets in the SDGs derive from the 2011 United Nations Political Declaration on NCDs and the 2014 United Nations Outcome Document on NCDs. These precedents and the importance of building on this work was emphasized throughout the meeting, although it was also noted that progress in implementing the four time-bound commitments for NCDs outlined in the WHO NCD Progress Monitor 2015⁵ was behind schedule. The inclusion of NCDs in the SDGs therefore presents a remarkable opportunity to rectify this situation, and thus governments have recognized their primary role and responsibility to lead a whole-of-government and whole-of-society approach to national NCD responses. WHO, United Nations agencies, civil society and other non-State actors remain committed to helping governments in developing and implementing these strategies.

Recognition of the massive disconnect between the scale and complexity of the problem NCDs represent and the lack of resources allocated to tackle them threw into harsh light the necessity of international cooperation to reduce this gap. Acknowledgement that NCDs worsen poverty, while poverty contributes to rising rates of NCDs, was a recurring entry point into discussions about financing NCD responses. NCDs generate a large negative impact on macroeconomic productivity, impoverish households, and strain national health care budgets. Investing in NCDs provides a high return on investment across the three dimensions of sustainable development (social inclusion, economic growth, and the environment). The cost of inaction on NCDs far supersedes the cost of investing in reducing the burden of NCDs through cost-effective interventions, such as the WHO “best buys”. Fundamentally, an investment in NCDs has benefits for all stakeholders and nations alike, which far outweigh the initial costs.

The traditional North–South ODA era is long gone, and the landscape of international cooperation is changing.

A key conclusion drawn at the meeting was that new forms of international cooperation and new sources of domestic financing for NCD solutions will be vital as official development assistance (ODA) becomes the smaller stream of revenue in the NCD response.

The traditional North–South ODA era is long gone, and the landscape of international cooperation is changing. Many countries are now both recipients and providers of development aid – Mexico and Chile prominent among them. It was also noted that national taxation needs to be the biggest revenue source for the prevention and control of NCDs in the majority of countries, with perhaps the exception of the poorest countries. Both developed and developing countries need strong government leadership ready to make sometimes unpopular decisions to promote health. Opportunities to earmark tobacco taxes at a national level as a revenue stream to finance national NCD responses were repeatedly discussed at the meeting. While this puts the onus on national governments to shoulder most of the financial burden, international cooperation still has an important role.

⁴ Targets 3.4, 3.5, 3.8, 3.a, and 3.b: <http://www.who.int/nmh/publications/ncd-progress-monitor-2015/en/>.

⁵ WHO NCD Progress Monitor 2015: <http://www.who.int/nmh/publications/ncd-progress-monitor-2015/en/>.

Governments have the primary role and responsibility of responding to the challenge of NCDs and should therefore lead national NCD responses. There is a need for governments to be more discerning when considering the varied roles of private sector stakeholders. This is in order to identify and differentiate between the contributions that different entities can make and therefore establish the nature of engagement governments should initiate with such stakeholders. Harnessing the innovation and assets of the private sector is a largely untapped resource that needs to be explored and leveraged in the future of the fight against NCDs. At the same time, governments need to safeguard public health interests from undue influence by any form of real, perceived or potential conflicts of interest.

International cooperation can be effective in building awareness and increasing the understanding of policy-makers and financiers; in catalysing action on the ground, within the health sector and across other sectors of government and society; in research and innovation; in shaping markets; in building partnerships; and in promoting the dissemination of knowledge and sharing technical expertise. A multitude of policy options, tools and mechanisms are readily available to assist government action and international cooperation on NCDs. At the meeting, the valuable lessons that can be learned from the Gavi Alliance and UNITAID in marrying the supply and demand sides and facilitating solutions for different health areas were acknowledged. In this endeavour, focus should be not just on quantitative financial aspects but also on the qualitative value of the various resources that different stakeholders contribute.⁶

A much broader understanding of international cooperation can help nurture a more imaginative approach to NCD responses, spanning multiple sectors of government and encompassing various stakeholders. Eric Solheim, of the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee, emphasized “policies, policies, policies”. Whilst policy coherence is a concern when multiple sectors are engaged, the overlap of the four main NCD risk factors with sectors outside the health sector is indisputable and necessitates effort to get the policies right. In particular, NCDs need to be integrated into the broader development agenda in which climate change, poverty, and discussions on access to essential medicines and technologies all have a loud voice and an important place in NCD responses. A presentation by FHI 360 explored ways to build on HIV/AIDS investments for NCD prevention and control, emphasizing the importance of implementation science and adoption of the HIV cascade framework across prevention, diagnosis, care and treatment. The International Telecommunication Union (ITU) presented on the role of information and communications technology for development of quality health care, emphasizing the importance of devoting resources to the continued development of mHealth; this example highlights the fact that repeatable and scalable models can be achieved through strategic partnerships.

A greater focus on the role of trade was also emphasized at the meeting, highlighting not only the tensions but also the complementarities between trade and health. The intersection between trade and NCDs is a tangible example of the disputes that can challenge domestic decision-making on public health. Uruguay described industry challenges to its alleged breach of the investment protection agreement through the implementation of WHO Framework Convention on Tobacco Control (FCTC) measures. On a more positive note, there are opportunities to resolve these incoherencies. A presentation on the World Trade Organization (WTO) Agreement on Technical Barriers to Trade was shared at the meeting. This showed that there are more and more NCD issues arising under the Technical Barriers to Trade (TBT) Agreement (34 in the last three years), thereby heightening the need to harmonize the endeavours of the trade and health sectors and increasing the importance of international cooperation as a means to achieve this.

⁶ Eric Solheim, OECD-DAC.

The second dialogue meeting on how to strengthen international cooperation on NCDs within the framework of North–South, South–South and triangular cooperation saw many much-needed, innovative and stimulating discussions take place. The key points and propositions from this meeting are emphasized in the following report, with a focus on the need to change the current setting and a need for all stakeholders to take part in future action.

The dialogue meeting saw many much-needed, innovative and stimulating discussions take place.

Key messages

- The rapid rise of NCDs – principally cardiovascular diseases, cancers, chronic respiratory diseases and diabetes – constitutes one of the major challenges for development in the 21st century, and yet these diseases remain hidden, misunderstood and underreported.
- The evidence base linking NCDs and poverty is growing, demonstrating that NCDs could represent the social justice issue of our time, with the lack of access to essential medicines and technologies for NCDs, especially in developing countries, as an axiomatic example. The incorporation of NCDs into the 2030 Agenda for Sustainable Development therefore comes as a welcome step forward.
- There is an urgent need to accelerate international development cooperation on NCDs. By forging national and international partnerships between multiple stakeholders, innovative NCD responses can be created. Focus should not just be on the financial aspects but also on the value of the various resources that different stakeholders can contribute, such as access to networks, partnerships, knowledge and innovation.
- International cooperation on NCDs involving multistakeholder engagement can be effective as long as it is aligned with national efforts. When mobilized strategically it can act as a catalyst to build awareness and increase the understanding and capacities of policy-makers and other national stakeholders.
- The lack of access to technical expertise is the most substantial barrier to scaling up NCD prevention and control, especially when it comes to developing and implementing multisectoral responses.
- Integration of NCDs into other programmatic areas of the development agenda and addressing NCDs through universal health coverage and health systems strengthening approaches represent practical entry points for increased international cooperation for the prevention and control of NCDs. Concerns about policy coherence and cooperation across sectors must be addressed to join up the development and NCD/health agendas, particularly in light of the “integrated and indivisible” nature of the 2030 Agenda for Sustainable Development.
- Governments have the primary role and responsibility of responding to the challenge of financing and implementing NCD responses, especially given the expectation that the SDGs must increasingly rely on national public resources and ODA is unlikely to increase. Still, international cooperation has an important, catalytic role to play.
- Taxation of unhealthy products such as tobacco represents a largely untapped source of domestic financing for NCD solutions. Also, innovative financing solutions are emerging from philanthropic foundations, the private sector and other groups.
- A much broader understanding of international cooperation can help nurture a more imaginative approach to collaboration on the prevention and control of NCDs, spanning multiple sectors of government and encompassing various stakeholders. Deconstructing the private sector as a monolithic entity and focusing on the management of conflicts of interest and safeguarding public health interests from undue influence by any form of real, perceived or potential conflict of interest is vital to this endeavour.

- It is time to tell a new and inspiring story on NCDs, including the fact that investing in reducing mortality from NCDs is an investment and not a cost; and it is an investment with a huge pay-off.

Key recommendations

1. International cooperation on NCDs involving multistakeholder engagement and aligned with national efforts should be strengthened as a catalytic force to:
 - a. build awareness and increase the understanding and capacities of policy-makers and other national stakeholders;
 - b. advance multisectoral action within the health sector and across other sectors of government and society;
 - c. promote research and innovation;
 - d. shape markets, for example for essential medicines and medical technology;
 - e. forge partnerships;
 - f. promote the dissemination of knowledge and sharing technical expertise.
2. Given that up to two thirds of the annual 16 million premature deaths from NCDs are linked to exposure to risk factors, of which several must be addressed outside the health sector – in particular, tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol – international cooperation on NCDs should build synergies with development efforts in non-health sectors.
3. International cooperation should pursue the opportunity to integrate NCD prevention and control into other programmatic areas of the development agenda, for instance HIV/AIDS and other communicable diseases, energy and environment, maternal and child health, and nutrition.
4. Member States should request a purpose code for NCDs in the OECD Creditor Reporting System in order to enhance transparency on international donors' prioritization of NCDs.
5. International cooperation should support the effective national implementation of the WHO FCTC as an essential pillar for NCD prevention using a whole-of-government, whole-of-society approach.
6. Ministries of health should proactively engage with other ministries to align policies and efforts for NCD prevention and control, not least ministry of finance officials, to ensure convergence, integration and synergy.
7. Donors should enhance coordination and harmonization in order to avoid overburdening the national health staff (with limited absorptive capacity) with reporting to multiple donors, in accordance with the principles outlined in the 2005 Paris Declaration on Aid Effectiveness.
8. International cooperation partners should strengthen their capacity to offer technical assistance for multisectoral NCD responses, especially with regard to supporting national efforts to develop and implement multisectoral and multistakeholder responses. Such capacities will be high in demand, not only for addressing NCDs, but also for development work in other SDG areas.

1. Introduction

On 30 November and 1 December 2015, the World Health Organization (WHO) Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases (GCM/NCD) convened a dialogue on how to strengthen international cooperation on the prevention and control of noncommunicable diseases within the framework of North–South, South–South and triangular cooperation. This was one of the first global meetings convened by WHO on noncommunicable diseases (NCDs) following the United Nations Sustainable Development Summit, 25–27 September 2015, New York, and the adoption of the 2030 Agenda for Sustainable Development. It built on the acknowledgement of world leaders that NCDs constitute one of the major challenges for development in the 21st century. The vicious cycle whereby NCDs worsen poverty, while poverty contributes to rising rates of NCDs, makes NCDs a further contributor to poverty and hunger.

The dialogue provided an opportunity to explore how countries can fulfil their NCD commitments in the context of the Sustainable Development Goals (SDGs) 2016–2030, which includes a global target to, by 2030, reduce by one third premature mortality from NCDs.

The dialogue provided an opportunity to explore how international cooperation can help countries to fulfil their NCD commitments in the context of the Sustainable Development Goals (SDGs) 2016–2030, which includes a global target to, by 2030, reduce by one third premature mortality from NCDs.

The meeting was co-chaired by H.E. Ambassador Jorge Lomónaco, Permanent Representative of Mexico to the United Nations in Geneva, Switzerland; and Mr Carl Reaich, Deputy Permanent Representative of New Zealand to the United Nations in Geneva, Switzerland. The meeting involved over 200 participants, including representatives from 90 Member States, 18 ambassadors, 11 United Nations organizations, 90 nongovernmental organizations (NGOs), 10 WHO collaborating centres, and 40 other organizations, including business associations, philanthropic foundations and academic institutions. A complete list of participants is included in Annex 3.

2. Context and initial reflections

The purpose of the dialogue was for stakeholders to agree on practical ways to increase and strengthen international cooperation for the prevention and control of NCDs. The dialogue embarked from the commitments expressed by Member States to international cooperation on NCDs at the United Nations General Assembly in 2011 and 2014; the United Nations Sustainable Development Summit, 25–27 September 2015, New York; and the Third United Nations International Conference on Financing for Development in Addis Ababa, July 2015. Discussions at the dialogue aimed to support the commitments made by governments on addressing NCDs at the United Nations General Assembly and the World Health Assembly, including the 2011 United Nations Political Declaration on NCDs,⁷ the 2014 United Nations Outcome Document on NCDs,⁸ the WHO Global Action Plan on NCDs 2013–2020,⁹ and the 2030 Agenda for Sustainable Development. They also recognized the work carried out by the WHO GCM/NCD, and the United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases (United Nations Interagency Task Force on NCDs).

Dr Oleg Chestnov, Assistant Director-General, opened the meeting. He emphasized the multistakeholder composition of the participants and the programme. The purpose of the WHO GCM/NCD was to facilitate and enhance the coordination of activities and multistakeholder engagement. He also recognized certain sensitivities and concerns about conflicts of interest but emphasized the need for everyone to “bring something to the table” in order to move forward. He also stressed that private sector engagement – or “cooperation” – was important, and encouraged stakeholders to share ideas on how they could work together. He lauded the multisectoral approach towards these goals, especially the work of the United Nations Economic and Social Council (ECOSOC) and the United Nations Interagency Task Force on NCDs.

Dr Mikkelsen, Head a.i. of the WHO GCM/NCD Secretariat, briefly reflected of the purpose of the WHO GCM/NCD to facilitate and enhance the coordination of activities, multistakeholder engagement and action across sectors at the local, national, regional and global levels, in order to contribute to the implementation of the WHO Global Action Plan on NCDs 2013–2020. She noted that Member States were in the lead of those efforts. The WHO GCM/NCD was mandated to establish a web platform for knowledge dissemination, information sharing and communities of practice among participants and stakeholders. Dr Mikkelsen stressed the indisputable relevance of NCDs to development; addressing NCDs was very much about promoting global public goods, resilience and security, and attending to the poorest people. Most importantly, she noted that addressing NCDs was not a cost, but an investment with high returns. She finally encouraged participants to find inspiration in the

“The purpose of the WHO GCM/NCD is to facilitate and enhance the coordination of activities, multistakeholder engagement and action across sectors at the local, national, regional and global levels, in order to contribute to the implementation of the WHO Global NCD Action Plan 2013–2020.”
Head a.i., WHO GCM/NCD Secretariat,
Dr Bente Mikkelsen

⁷ Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (2011).

⁸ Outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases (2014).

⁹ Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020.

photo exhibit created by the WHO GCM/NCD, which depicted stories on how international cooperation, through government leadership, multistakeholder engagement, and support from WHO and donors, was addressing NCDs and their risk factors in Belize, Jamaica, the Philippines and Uganda. A brief video covering the same stories was then shown to the audience.

3. Scope of discussions

3.1 2030 Agenda for Sustainable Development and strengthening international cooperation on NCDs

Session One of the dialogue addressed the 2030 Agenda for Sustainable Development and strengthening international cooperation on NCDs. The session emphasized that the inclusion of NCDs in the SDGs presented a remarkable opportunity: governments had recognized their primary role and responsibility in a national NCD response that included a whole-of-government and whole-of-society approach. It was underlined that preventing and controlling NCDs were necessary and feasible, provided that partners worked together.

Investing in NCDs provides a high return on investment across the three dimensions of sustainable development (economic growth, environment, and social inclusion).

The session departed from the fact that NCDs constituted one of the major challenges for development in the 21st century and that NCDs were therefore central to eradicating poverty in all its forms and dimensions (the overarching aim of the SDGs). NCDs generated a large negative impact on macroeconomic productivity, impoverished households, and strained national health care

budgets. Investing in NCDs provided a high return on investment across the three dimensions of sustainable development (economic growth, environment, social inclusion) – it was not a cost. The price of inaction on NCDs far superseded the cost of investing in reducing the burden of NCDs, especially when focusing on cost-effective interventions, such as WHO “best buys”.

By way of introduction, the co-chair of New Zealand reaffirmed that governments knew what needed to be done and how – a vision and roadmap on how to tackle NCDs had been agreed by world leaders between 2011 and 2014. It was recalled that the NCD-related targets in the SDGs actually derived from the 2011 United Nations Political Declaration on NCDs, the 2014 United Nations Outcome Document on NCDs, a recent World Health Assembly resolution, and the related WHO Global Action Plan on NCDs 2013–2030. The SDGs represented a window of opportunity for NCDs, which were now part of goal 3. The fact that the SDGs were designed to be “integrated and indivisible” provided greater legitimacy for intersectoral action. That was an important aspect of effective NCD prevention.

Dr Richard Horton, Editor-in-Chief of *The Lancet*, was the introductory speaker for the first session on NCDs in the context of the Sustainable Development Goals. He started by emphasizing two of the most important messages from the background papers that fed into the dialogue:¹⁰ first, the fact

¹⁰ Rethinking international cooperation for the prevention and control of noncommunicable diseases.

Discussion paper prepared by Andrew Cassel: <http://who.int/global-coordination-mechanism/dialogues/DialogNov2015-RethinkinginternationalcooperationonNCD.pdf?ua=1>.

Evidence to support efforts to address NCDs within the wider development agenda. Background paper by Shanti Mendis: <http://who.int/global-coordination-mechanism/dialogues/dialog-2015-23-nov-background-paper-ncds-in-development-agenda-shan.pdf?ua=1>.

that the NCD burden represented a global scandal and a massive disconnect, exacerbated by the gap between the scale of the problem and a serious lack of resources; and second, that it was important for evidence to focus on the connection between poverty and chronic diseases, which fuelled one another. He explained that it was time to tell a new and inspiring story on NCDs, including the fact that investing in reducing mortality from NCDs would have a huge pay-off. That was underpinned by the efforts towards achieving universal health coverage, which would lead to a sustainable reduction in mortality. He urged the dialogue participants to take advantage of the remarkable window of opportunity offered by the SDGs, to not be paralysed by the complexity of the agenda, and to build accountability into actions.

The NCD burden represents a global scandal and a massive disconnect, exacerbated by the gap between the scale of the problem and a serious lack of resources.

Dr Douglas Bettcher, Director, Prevention of Noncommunicable Diseases, WHO, spoke on international cooperation on NCDs as part of a broader development agenda. Dr Bettcher highlighted the targets under SDG 3 most relevant to NCDs: By 2030, reduce by one third premature mortality from NCDs (3.4); strengthen the prevention and treatment of substance abuse (3.5); achieve universal health coverage (3.8); strengthen the implementation of the WHO Framework Convention on Tobacco Control (3.a); support research and development of vaccines and medicines for communicable and noncommunicable diseases that primarily affect developing countries (3.b); and provide access to affordable essential medicines and vaccines [for NCDs] in accordance with the Doha Declaration on the TRIPS Agreement and Public Health (3.b). The estimated cost of attaining those targets was US\$ 175 trillion. The Addis Ababa Action Agenda recognized that price and tax measures on tobacco represented a revenue stream for financing development in many countries: governments already collected nearly US\$ 270 billion in tobacco excise revenues each year; tobacco taxation offered a win-win policy option for governments; increased tobacco taxes could bring in important revenue to finance the SDGs; and implementation of the WHO Framework Convention on Tobacco Control (FCTC) was a target of the SDGs. Dr Bettcher emphasized that bolder measures were needed by governments, international partners and WHO to ensure that the four time-bound government commitments for 2015 and 2016 included in the 2014 United Nations Outcome Document on NCDs were fully implemented. He noted that the First WHO Global Meeting of National NCD Programme Directors and Managers (February 2016) would result in a better understanding of governments' primary role and responsibility in responding to the challenge of NCDs in the next two years, in preparation for the third United Nations High-level Meeting on NCDs.

There are complex interdependencies between health, agriculture and environmental sustainability agendas, which call for new frameworks for intersectoral collaboration, and these are particularly relevant for prevention and control of NCDs.

Sir George Alleyne, Director Emeritus, Pan American Health Organization, explained that human development was the Holy Grail of the social, economic and environmental pillars reflected in the SDGs. In the context of international cooperation, he addressed cooperation between and among nation states and their essential components: government, civil society and the private sector. There were complex interdependencies between the health, agriculture and environmental sustainability agendas that called for

new frameworks for intersectoral collaboration, and those were particularly relevant for prevention and control of NCDs.

Cooperation needed to take place among governments and intergovernmental agencies. Common platforms must be created for those to come together. He suggested that on the national level there should be cooperation between and within three sectors – government, civil society and the private

sector – as well as cooperation between other entities within those nations. Intergovernmental cooperation would be best focused on addressing risk factors that had transnational or cross-border implications. The growth of NCD alliances represented another expression of international and transnational cooperation, one that focused on advocacy and accountability. International cooperation involving the private sector was more problematic, but there was evidence of cooperation among private sector agencies, particularly in the area of philanthropy.

In the plenary, comments highlighted that there could be tensions between a Member State-led mechanism and the mandate to establish an NCD movement. Other speakers noted the importance of a life course approach, the benefits of using human rights-based approaches, the risk of applying vertical approaches, and links to primary health care. Several participants expressed concern over the potential risk of conflict of interest when engaging with the private sector, and noted how certain actors in the food, beverage and alcohol industry (for instance) could undermine efforts to promote health by exerting undue influence. In closing, the Assistant Director-General took note of the concerns and the need to avoid undue influence by any form of real, perceived or potential conflict of interest. He clarified that the GCM/NCD existed in order to combine existing efforts, rather than to reinvent them, and that the efforts to engage the private sector should go beyond the commitments made by Heads of State and Government. For example, efforts should be made to convince companies to improve their products and to emphasize the need for certain companies to change their strategies and what they were producing altogether. It was also suggested that industry should be encouraged to focus on prevention rather than treatment only. Finally, the importance of working together with NGOs was also emphasized.

3.2 Feedback from the caucuses

Session Two provided an opportunity for leaders of pre-dialogue caucus meetings to report to the dialogue about the key conclusions and messages of the caucuses. The caucus meetings comprised various stakeholders and were held independently of WHO, each focused on the theme of the dialogue.

Three pre-dialogue caucuses attended by different stakeholders thus explored the contribution to strengthening international cooperation on NCDs by different stakeholders, such as the United Nations system, NGOs, philanthropic organizations and the private sector.

Dr Soon-Young Yoon, United Nations Representative of the International Alliance of Women, was the introductory speaker and moderator of the session. She emphasized that the purpose of those caucuses was to answer questions about how various stakeholders could mobilize international cooperation on NCDs, and how their strategies could reflect the integrated and indivisible nature of the 17 SDGs. She noted that the United Nations system as a whole was seeking innovative ways to engage stakeholders and to revitalize the organization. In discussing the challenges of implementation, many were grappling with how to break down “silos” – whether within governments, or within movements. “Siloed” planning meant lost opportunities for cost-effective synergies between sectors and a general lack of practical, intersectoral coordination, and resulted in different stakeholders and sectors being cut off from one another’s knowledge bases and valuable data. However, various initiatives were cutting across those silos, for example the Global Alliance for Clean Cookstoves, which showed that efficient cookstoves could reduce fuel use, contribute to lowering greenhouse gases, and improve health, especially of women and children. Many were also concerned about funding the SDGs, and how countries could raise the US\$ 11.2 billion per year to cover the estimated cost for NCD programmes. With silo thinking and questionable funding, there was a danger that the entire process could collapse under its own weight – with many indicators and

“Siloed” planning means lost opportunities for cost-effective synergies between sectors.

a host of ambitious goals. She emphasized that the solid foundation of the SDGs depended on human rights to build a participatory, inclusive, equitable, resilient and sustainable world. A solution would require a new, non-siloed conceptual framework to better understand how the SDGs interrelated.

Initially, in order to root the dialogue to the reality of NCDs, three NCD champions were asked to briefly share their personal stories. First, Abish Romero, National Institute of Public Health, Mexico, spoke about communities living with NCDs, and shared her story of being a breast cancer survivor. After being diagnosed with breast cancer, she had realized that her private insurance, during studies in the United States of America, did not cover her treatment. She was saved by the fact that her own country of Mexico could cover her breast cancer treatment through its newly introduced public health care, Seguro Popular. That allowed her to undergo treatment without risking out-of-pocket expenses and consequent impoverishment, as had been the case over the previous four years. That enabled her to build expectations and plans for her future. Mexico's 2003 health system reform expanded health coverage to poor sectors of the population, previously uninsured, and placed at its centre the principle of financial protection. That should serve as a lesson to other middle-income countries to guarantee access to health care and treatment for all their population, not only for common infections and reproductive events, but also for NCDs, such as cancer. She expressed hopes for a future where everyone who ever went through a disease was given a fair chance to come out on the other side alive and financially untouched.

Second, John Ly, Last Mile Health, spoke about supporting NCD patients in the Ebola emergency in West Africa. More than 11 000 people had died from Ebola in West Africa over the previous two years. However, countless more had died from other preventable and treatable conditions, including noncommunicable diseases, as the outbreak had crippled an already weak health system. Stronger health systems in developing countries could improve outbreak response, but should also be better at addressing the overall burden of disease. Diagnosing and treating NCDs in a setting such as Liberia was challenging due to low resources, in terms of diagnostic tests and drugs, and low awareness of NCDs among both patients and providers. For instance, while Last Mile Health built community-based health programmes that utilized professional community health workers who had been trained to measure blood pressure manually, during the Ebola outbreak, they were not able to measure blood pressure due to a "no-touch" policy put in place for safety. Overall, the lessons from Ebola were about the necessity to build strong health systems from the ground up and ensure community participation and awareness; those applied also to addressing NCDs. With the Ebola outbreak waning, the Government of Liberia, along with numerous health partners including Last Mile Health, was working to rebuild and strengthen the health system.

Third and finally, Laura Tucker-Longworth, Belize Cancer Society, spoke about championing the rights to health care for women living in remote and poor areas of Belize. Women in rural communities continued to be impacted because of isolation related to language, culture, geographical location and poverty. They often presented with late-stage cancers or died without a

Central to NCD control is creating an integrated approach (rather than a maternal and child health approach) in health care systems to provide an enabling environment for individuals. It is critical to directly engage the community and community-based organizations in all NCD control

diagnosis. Central to NCD control was creating an integrated approach (rather than a maternal and child health approach) in health care systems to provide an enabling environment for individuals. It was critical to directly engage the community and community-based organizations in all NCD control activities. The Belize Cancer Society campaigned for marginalized women through partnerships with the Ministry of Health and with national and regional organizations such as the Healthy Caribbean Coalition and international

organizations. Investment was needed to create culturally sensitive communication and social marketing strategies that recognized the diversity of languages and cultures in each community. A national NCD alliance of civil society organizations could provide sustained pressure on governments to address NCDs. Finally, advocacy initiatives from civil society organizations must continue on a sustained level to ensure that NCDs were placed on the political agenda in all countries.

Those personal statements were followed by brief reports from representatives from the three caucuses.

Jordan Jarvis of the Young Professionals Chronic Disease Network spoke on behalf of the caucus titled “NGOs and the next generation: advocacy and accountability for NCDs”, co-organized by the NCD Alliance and the Young Professionals Chronic Disease Network. The caucus had been structured around a survey that had been disseminated in preparations for the caucus and in order to ascertain common perceived gaps, barriers and opportunities with regard to international cooperation on NCDs. One specific recommendation related to the need for governments to make sure that generic NCD plans were accompanied by a clear prioritization of activities and sound strategy for implementation. Another involved the role of civil society, including with regard to accountability, and the need for better coordination in order to fulfil that role.

The need to also reach out to non-health stakeholders was highlighted. In that regard, participants raised concerns that the terms of reference for the WHO GCM/NCD adopted by the World Health Assembly in 2014¹¹ were too vague, and expressed the view that there was a lack of a clear framework for engagement with the private sector. Some participants argued strongly that certain industries had vested interests and priorities that countered the missions of the public health community and therefore should be explicitly excluded from any cooperation – namely the tobacco, alcohol, food and beverage industries. Others argued that relevant stakeholders currently failed to leverage the unique assets of the private sector to achieve maximum impact. The view was also expressed that the terms of reference for the GCM/NCD required greater clarity on how NGOs could engage in a meaningful and sustained manner. In addition, greater transparency in the selection process of WHO GCM/NCD Working Group members was recommended. Furthermore, in order to maximize the impact of the outcomes of the WHO GCM/NCD Working Groups, reports should be submitted to the Executive Board and the World Health Assembly rather than leaving it to the Director-General’s discretion to decide whether the WHO GCM/NCD Working Group reports were presented to the WHO governing bodies. Finally, in a specific call for action by governments, it was strongly recommended that Member States request a purpose code for NCDs in the Organisation for Economic Co-operation and Development (OECD) Creditor Reporting System. Going forward, NGO participants committed to improving coordination among themselves, in terms of knowledge sharing, communications, and programmatic and advocacy integration and cooperation. They emphasized the need to prioritize accountability frameworks that were integrated across health and development agendas, and enhanced accountability at all public and private levels. They declared that they would reach out to non-health sectors in light of shared commitments to achieve the 2030 Agenda for Sustainable Development and promote the integration of NCDs into broader health systems strengthening efforts in order to achieve universal health coverage. The report of the NGO caucus would be made available as an annex to the present report.

It was strongly recommended that Member States request a purpose code for NCDs in the OECD Creditor Reporting System.

¹¹ http://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_14Add1-en.pdf?ua=1&ua=1.

Jorge Chediek, United Nations Office for South–South Cooperation, spoke about the United Nations system and the importance of delivering integrative responses for NCDs. He noted that in the WHO Global Action Plan on NCDs 2013–2020 there were nine voluntary global targets for 2025, including that of a 25% relative reduction in premature mortality from NCDs by 2025, while in the SDGs, there were six targets directly related to NCDs, including that of a 30% reduction in premature mortality from NCDs by 2030. Mr Chediek suggested that if focus were kept on those nine targets for 2025 and six targets for 2030 as the measurement of success, with the status quo as the baseline, there was much more that the United Nations system could do through strengthened North–South, South–South and triangular cooperation on NCDs. As one concrete example of how Member States were already using South–South cooperation to promote NCD responses, he mentioned how, in September 2015, the United Nations Office for South–South Cooperation had supported a meeting in Uruguay, organized by the Secretariat of the WHO FCTC and the United Nations Development Programme (UNDP), that brought together 23 parties and triangular projects to strengthen FCTC implementation. The result was the agreement on eight South–South and triangular projects that would start in January 2016. Recommendations included the development of a better advocacy strategy, and further synthesis of the nine targets through the United Nations. He indicated that South–South cooperation would be of increasing importance in the SDG era. He recommended that the lessons from the Millennium Development Goal (MDG) acceleration strategy, developed and spearheaded by UNDP and implemented by United Nations country teams in several countries to speed up MDG achievement in the final years of the MDG era, should be applied to NCDs.

The caucus explored how private sector entities could help to ensure that priority is given to the prevention and control of NCDs on the international cooperation agenda.

Dr Gijs Walraven, Aga Khan Development Network, and Attila Turos, World Economic Forum, spoke about the complementary contribution of the private sector and philanthropic foundations, which formed the theme of a third caucus. The caucus explored how private sector entities could help to ensure that priority was given to the prevention and control of NCDs on the international cooperation agenda. Key

obstacles that were identified in the caucus included a lack of ownership around NCDs, and few incentives for collaboration. Recommendations included developing platforms for multistakeholder dialogue at national levels; creating opportunities for the sharing of data and expertise between public, private and civil society sectors to identify high-impact measures; mapping interventions areas for private sector collaboration by region; and developing good frameworks for defining regulatory approaches.

The plenary then responded to the feedback from the caucuses. Interventions pointed out the need for better evidence about how NCDs affected the sexes differently, with a request for *The Lancet* to reframe discussion on that issue and for the GCM/NCD to add it as a research agenda. The importance of palliative care, and its human rights implications, was raised. There were also concerns expressed about the need to avoid any real or perceived conflicts of interest in WHO’s contact with industry, thus echoing the concerns expressed in the report from the NGO caucus above.

Recommendations from each pre-dialogue caucus

Recommendations from the caucus on the complementary contribution of the private sector and philanthropic foundations, convened on 30 November 2015, Geneva:

1. Develop platforms for multistakeholder dialogue at national levels.
2. Create opportunities for the sharing of data and expertise between public, private and civil

society sectors to identify high-impact measures.

3. Map intervention areas for private sector collaboration by region.
4. Develop good frameworks for defining regulatory, co-regulatory and self-regulatory approaches.

Recommendations from the caucus on the United Nations system and the importance of delivering integrative responses for NCDs, convened on 27 October 2015, Geneva:

1. Governments in each country must raise awareness about the national public health burden caused by NCDs, the relationship between NCDs and poverty, and the need to raise the priority accorded to NCDs within the national development agenda as part of national SDG responses. This advocacy strategy, which needs to be developed urgently, responds to a commitment made by governments in the 2014 United Nations Outcome Document on NCDs to raise awareness about the national NCD burden. WHO can lead on the development of the advocacy strategy and the United Nations system can fully engage in its development.
2. The WHO GCM/NCD should engage in development of the advocacy strategy related to the achievement of the nine targets for 2025 and six targets for 2030 with a sense of urgency, given the commencement of the 2030 Agenda for Sustainable Development in 2016. The WHO GCM/NCD should engage the United Nations system, through the United Nations Interagency Task Force on NCDs, fully in its development.
3. Awareness raising should be carried out on the work of the United Nations Interagency Task Force on NCDs and the role of the United Nations system in supporting governments to accelerate multisectoral action among policy-makers and potential donors.
4. The success of the UNDP MDG Acceleration Framework should be taken as a model of how to identify bottlenecks quickly, with possibilities for replication in the NCD area.

Recommendations from the caucus on NGOs and the next generation: advocacy and accountability for NCDs, convened on 29 November 2015, Geneva:

1. Recommendations for the GCM/NCD Secretariat and WHO Member States:
 - a. Greater clarity is urgently needed on how civil society organizations can engage in the GCM/NCD in a meaningful and sustained manner.
 - b. There should be greater transparency in the selection process of GCM/NCD Working Group members.
 - c. A formal process is needed for recommendations made by GCM/NCD Working Groups to be reported to the WHO governing bodies to maximize their impact.
2. Call to action for governments:
 - a. An increase in good-quality data on resource flows for NCDs is urgently required, including data on NCD resourcing to better understand the resource gap for NCDs, allowing governments to target spending and investments in an appropriate and evidence-based manner.
 - b. Significant improvements must be made on how bilateral aid for health is tracked; Member States should request a purpose code for NCDs in the OECD Creditor Reporting System, as called for in the 2014 United Nations Outcome Document on NCDs.
3. Commitments from civil society:
 - a. *Coordinate* ourselves better, in terms of knowledge sharing, communications, and programmatic and advocacy integration and cooperation, using the lead-up to the United Nations NCD review in 2018 as a common rallying point.

- b. *Prioritize* accountability frameworks that are integrated across health and development agendas, and enhance accountability at all levels, public and private.
- c. *Reach out* to non-health sectors in our shared commitments to achieve the 2030 Agenda for Sustainable Development.
- d. *Promote* the integration of NCDs into broader health systems strengthening efforts and universal health coverage.

3.3 After Addis Ababa: financing national NCD responses in the post-2015 era

Embarking from the outcome of the third United Nations International Conference on Financing for Development in Addis Ababa, July 2015,¹² and the commitment made by Heads of State and Government in the United Nations Political Declaration on NCDs on how to finance NCDs through domestic, bilateral and innovative financing,¹³ the third session of the dialogue addressed the issue of how to finance national NCD responses in the post-2015 era.

The introductory speaker was Dr Mariam Al-Jalahma, National Health Regulatory Authority, Bahrain, who noted that consensus was growing that the SDGs (including the NCD-related targets) would need to rely primarily on domestic public resources. The additional investments for NCDs required scale-up and more effective application of official development assistance (ODA) to complement efforts of countries to mobilize resources domestically. Dr Al-Jalahma encouraged a debate on the possible causes of the insufficient progress made by countries, as evidenced by data from the WHO NCD Progress Monitor Report 2015, for example lack of political will to translate commitments into action, or lack of access to technical expertise and aid, or a combination; and on how international cooperation could facilitate the provision of smart, scaled and sustainable financing and technical expertise to complement the achievement of the NCD targets at the national level.

Colin McIff, Senior Health Attaché, United States of America, and Dr Rachel Nugent, Associate Professor, Department of Global Health, University of Washington, spoke about stimulating international cooperation to finance the prevention and control of NCDs, and reviewed the draft recommendations of the WHO GCM/NCD Working Group on how to realize governments' commitment to provide financing for NCDs.¹⁴ They stressed the need for a broad inclusive approach to NCDs, involving the whole health system, rather than another large vertical programme. They argued that that did not mean that ODA was “off the hook” – it could provide a very important catalytic role, and donor countries should be convinced to continue that function. Furthermore, the private sector should not be seen as a monolithic entity. Dr Nugent noted that additional funding sources provided

The private sector should not be seen as a monolithic entity.

¹² Third International Conference on Financing for Development: <http://www.un.org/esa/ffd/ffd3/conference.html>

¹³ Paragraph 45(d) of the United Nations Political Declaration on NCDs, 2011.

¹⁴ Recommendations as follows: 1. Mobilize and allocate significant resources to attain the NCD-related targets included in SDGs by 2030, and the WHO NCD Action Plan; 2. Effectively and efficiently utilize and expand domestic public resources to implement national NCD responses; 3. Complement domestic resources for NCDs by scaling up official development assistance (ODA) catalytic investment, consistent with country priorities; 4. Promote financing and engagement from the private sector in addressing NCDs, consistent with country priorities on NCDs; and 5. Government plans and policies should achieve coherence across sectors, with partners aligning to government plans.

twice as much as the amount being registered under ODA. Emerging innovative financing was coming from the private sector and other groups. Finally, it was stressed that policy coherence should be enhanced across sectors in order to ensure that the expected outcomes of national NCD policies were achieved, including by assessing the health impact of policies beyond the health sector.

Jeremias Paul, Under Secretary-General, Department of Finance, Republic of the Philippines, then spoke about the mobilization of financial resources through tobacco taxation to implement national action plans on NCDs. He emphasized that increasing tobacco taxes constituted “low-hanging fruit” for raising domestic financial resources to attain the NCD-related targets of the SDGs. International cooperation should support the effective implementation of the WHO FCTC as an essential pillar for NCD prevention using a whole-of-government, whole-of-society approach. Since finance ministry officials were tasked with tax reform, health ministry officials and health advocates needed to engage with their finance colleagues and understand their mindset. He described the lessons learned from promoting and implementing tobacco tax reform in the Philippines: frame the reform issue very well (health focus); build political support, particularly at the highest levels; build a coalition for reform using a whole-of-government, whole-of-society approach, with civil society, government, international partners and other stakeholders working together; engage international partners to play a supporting role, with government firmly in the driver’s seat; finally, “do your homework” and use evidence in a “SINful” way – strategic, innovative and networked (SIN). For success, he emphasized the importance of proactively engaging finance ministry officials and understanding their priorities when implementing whole-of-government systems, ensuring a focus on the greater picture of convergence, integration and synergy. In closing, he cited a survey that indicated that prevalence of smoking among adult Filipinos went down from 31.0% in 2008 to 25.4% in 2013; there were 3.2 million less smokers in the Philippines because of the Sin Tax Law, and approximately 32 000 deaths had been averted. Health benefits had been greatest in price-sensitive populations – the poor, rural folk, the very old, and the very young.

Martin Bille-Hermann, State Secretary for Development Policy, Ministry of Foreign Affairs, Denmark, and Charlotte Ersboll, Global Health Council affiliate, spoke on their experience with developing public–private partnerships and building the business case for addressing NCDs in the “base of the pyramid” in Kenya.

Charlotte Ersboll spoke about a public–private partnership that had existed in Kenya since 2012 and which invested in developing scalable, sustainable and profitable solutions that increased access to diabetes care for people living at the “base of the economic pyramid”, as well as providing potential future value to the business of the Novo Nordisk pharmaceutical company. That project has reduced the cost of insulin (from US\$ 18 in 2012 to US\$ 5 at present) and increased availability (184 facilities versus 53 in 2012). It had also increased training for health workers, made essential equipment available, established diabetes patient support groups, raised awareness and built public sector

More than philanthropy is needed: the private sector must engage not only to act responsibly but also to engage because it is good business, and results in long-term, sustainable investments.

capacity through centres of excellence. She stressed that more than philanthropy was needed: the private sector must engage not only to act responsibly but also to engage, because it was good business and often resulted in long-term, sustainable investments. The Base of the Pyramid project was also running in Ghana, India and Nigeria, but with different business models.

Martin Bille-Hermann emphasized that “thinking out of the box” in terms of financing mechanisms, partnerships and interventions was important in taking on a problem of that scale. Forging partnerships with the private sector was an essential element in Denmark’s development

cooperation. The Base of the Pyramid project in Kenya was a partnership between the Ministry of Health of Kenya, faith-based organizations (together managing approximately 1000 health facilities), the company Novo Nordisk, and the Ministry of Foreign Affairs of Denmark. It had resulted in an affordable and reliable supply of life-saving medicines to Kenyan people with diabetes and improved their awareness and care, while maintaining a good business model for the private sector entity involved, thus making the initiative sustainable. That was also a “win” from the perspective of the Government of Kenya, the private sector and the Danish Government.

Seenithamby Manoharan, Senior Rural Development Specialist, World Bank, spoke on the role of the United Nations system and how multidonor trust funds and loans could contribute to NCD prevention. He explained that there were more than 25 community-driven development operations on rural and agricultural development managed by the World Bank in South Asia (in Afghanistan, Bangladesh, India, Nepal, Pakistan and Sri Lanka); such projects were funded by multidonors and client countries, and some contributed towards the prevention of NCDs. He also highlighted the South Asia Food and Nutrition Security Initiative,¹⁵ a trust fund established in 2010 by the United Kingdom Department for International Development (DFID), the European Union and the World Bank to increase commitment of governments and development agencies in South Asia to pursuing more effective and integrated food and nutrition security policies and programmes. He described the Integrating Nutrition Promotion and Rural Development (INPARD)¹⁶ initiative as an example of linking development and NCD prevention agendas. INPARD helped to identify multisectoral interventions, specifically testing innovations to address public service delivery and addressing barriers to household take-up of nutrition promotion activities. Stakeholders placed high value on the training provided by INPARD, which linked rural development, agriculture and health in order to align common goals across sectors. INPARD proved that multisectoral integration between the NCD prevention agenda and the development agenda was possible, and that loans and trust funds could contribute to NCD prevention in low- and middle-income countries.

Panellists then responded to the presentations:

Helen McGuire from PATH highlighted that NGOs were well positioned to influence the development and introduction of innovative preventions and treatments for NCDs, for example Innovation Countdown 2030, which aimed to identify, evaluate and showcase high-impact technologies and ideas that could transform global health by 2030, and its inaugural report, *Reimagining global health*. She described mechanisms to facilitate the advancement of technologies for low-resource settings, including Cape Town’s Global Health Innovation Accelerator. PATH took a total market approach by shaping markets and by generating demand. It was important to find ways for the public, private and research sectors to come together to co-design innovative solutions. Additionally, partnerships themselves were a form of innovation, as PATH worked with new players, such as social enterprises, to understand challenges to the achievement of targets and to develop new solutions for accelerating progress. One of the organization’s projects was a call to action on the availability of affordable, quality essential medicines and technologies in low- and middle-income countries for all NCDs. NGOs had an important role to play in advancing innovation for NCDs, including in promoting new technologies,

NGOs are well positioned to influence the development and introduction of innovative preventions and treatments for NCDs.

¹⁵ <http://www.worldbank.org/en/region/sar/brief/food-nutrition-security-initiative-safansi>.

¹⁶ http://www-wds.worldbank.org/external/default/WDSContentServer/WDS/IB/2015/04/24/090224b082e061e3/2_0/Rendered/PDF/Integrating0nu0lopmnt0in0Sri0Lanka.pdf.

new ways of working and novel partnerships, which were fundamental to achieving goals with limited resources.

Paurvi Bhatt, Global Health Council affiliate, explained the importance of focusing not just on the money but on the value of the various resources that different partners could unlock. That might require a shift in perceptions, in moving from allocating grants and donations to active investments in new areas.

The plenary then responded to the presentations and panellists. Comments included the need to keep in mind potential disruption to optimal taxation and expenditures by linking revenue, the need to protect policies from industry interference, and the need for multisectoral, multistakeholder engagement to create a transparent environment and align interests. There was also a request to WHO GCM/NCD to create a joint initiative involving all partners, including United Nations agencies, to promote access to essential medicines for NCDs.

3.4 Making the investment case for donors to enhance NCD prevention in their bilateral and multilateral ODA policies

The session addressed questions around making the investment case for donors to enhance NCD prevention in their bilateral and multilateral ODA policies. It aimed to look at the demand for technical assistance, and why that demand remained largely unanswered.

In introducing the session, the co-chair, H.E. Ambassador Jorge Lomónaco, Permanent Representative of Mexico, established that investing in NCDs provided a high return on investment across the three dimensions of sustainable development (economic growth, environment, and social inclusion) – it was not a cost, it was an investment. NCDs generated a large negative impact on macroeconomic productivity, impoverished households, and strained national health care budgets. He also noted that the cost of inaction on NCDs far exceeded the cost of investing in reducing the burden of NCDs through cost-effective interventions, such as the WHO “best buys”. The Ambassador of Mexico said that consensus was growing that the SDGs (including the NCD-related targets) would not be primarily financed from aid budgets, and that moving forward, countries would be expected to enhance their domestic tax systems and make them more efficient. That marked a fundamental change in patterns of health financing, whereby the required additional investments to implement national NCD responses would need to rely primarily on domestic public resources. That required ministries of health to fulfil their commitment to strengthen their capacity and exercise their strategic leadership and coordination roles in policy development through engaging sectors beyond health, includes non-State actors, and limiting the interference of powerful economic operators. Strengthening that capacity was a priority that needed to be supported and complemented by international development cooperation.

The introductory speaker, Professor Rob Moodie, College of Medicine, University of Malawi, explained how the lack of global investment in NCDs represented one of the most glaring cases of non-evidence-based resource allocation. He lamented the lack of involvement, to date, of the leading international development NGOs, which had proven to be such a strong mobilizing force in the battle against HIV/AIDS. He stressed the importance of mobilizing technical assistance – North–South, South–South – as a key catalyst of global advocacy. He finished by explaining the need to build pressure and momentum with determined (evidence-based) advocacy to mobilize the human and financial resources necessary to manage the magnitude of the diverse NCD epidemics across the globe.

Dr Sania Nishtar, Heartfile, described the large gaps in financial resources and the level of technical and collaborative inputs. Allocations for NCD prevention and control were a fraction of the contributions to other areas. She described experiences in Pakistan relating to NCD prevention and control. In 2003, she led the NCD action plan. At the time the concept of partnerships in that area was novel. Pakistan's action plan focused on the traditional four NCD risk factors, as well as mental health and injury. Its implementation involved engaging with women in rural communities; a behavioural change communication plan reaching out to television with subsidized airtime; using a telecommunications agency without conflicts of interest to tap into corporate social responsibility; and engaging a variety of professional associations. She emphasized that donors could catalyse action, and the importance of institutional synergy. Lessons included the fact that governments should expand and clone existing initiatives, build partnerships within the government system and establish the institutional architecture needed to hone the potential of actors within the private sector. In that way, it would be possible to achieve universal health coverage and NCD prevention and control simultaneously.

Donors can catalyse action, and institutional synergy is important. Lessons include the fact that governments should expand and clone existing initiatives; build partnerships within the government system; and establish the institutional architecture needed to tap the potential of private sector actors.

Tatsuya Ashida, Japan International Cooperation Agency (JICA) (the Japanese bilateral development agency in charge of ODA), spoke about how Japan was now addressing NCDs through ODA. JICA's new basic policy design aimed to establish resilient global health governance able to respond to public health crises and natural disasters, to promote seamless utilization of essential health and medical services with universal health coverage throughout, and to utilize Japanese expertise, experience, medical products and technologies. JICA NCD projects included the Project for Prevention and Control of Noncommunicable Diseases in Fiji and Kiribati (2015–2020) and the Project for Enhancement of Noncommunicable Diseases Management in Sri Lanka (2013–2018). Key JICA strategies for NCDs included using existing cooperation focusing on prevention and early detection, improving the management environment, and strengthening monitoring capacity.

Sanne Fournier-Wendes of UNITAID described how the agency worked as a multistakeholder partnership, formed in 2006 and hosted by WHO, to fight AIDS, tuberculosis and malaria. While it did not fund the scale-up on its own, it did provide solutions for others to do more and better for less. Working closely with partners meant engaging countries, funding partners (financial resources), technical partners, civil society, the private sector and the implementers of programmes. That, and emphasising “best buys” and returns on investment, could make the approach more practical.

Geoff Adlide, Gavi Alliance, expanded on the importance of putting together a case for identifying economic returns on precise investments in specified time periods. He explained the three elements of success – a track record of clear results; demonstration of clear needs and strategies to meet those needs; and a business model appealing to donors with an investment case. He emphasized that success in resource mobilization was about being relentless and patient.

Timothy Poletti, Department of Foreign Affairs and Trade (DFAT), Australia, explained that NCDs were a critical issue for the Pacific region, faced with the double burden of responding to both NCD and communicable disease issues. NCDs accounted for around 70% of all deaths in the Pacific region, and the top 10 countries with the highest overweight and obesity rates in the world were Pacific Island countries and territories. Those diseases placed large costs on already overstretched government health budgets and the economy more broadly. Many but not all NCDs were preventable, or at least could be postponed with proven, often affordable and cost-effective

mechanisms. DFAT used a health systems strengthening approach to address NCDs. For example, under the Tonga Health Systems Support Programme, DFAT was supporting the Government of Tonga to introduce legislation and fiscal measures, strengthen primary health care, improve community health centres and expand the diabetes outreach to outer islands and remote communities. In terms of multilateral policies, donor coordination and harmonization was especially critical, in that it avoided overburdening the national health staff (with limited absorptive capacity) with reporting to multiple donors, and involved coordinating financial, technical and policy support that was aligned with host government priorities. The *NCD roadmap report* (2014) was a good example of multilateral coordination in the Pacific. The roadmap was intended to help governments to operationalize existing global and regional frameworks and strategies for responding to NCDs in ways that were affordable and cost-effective for the Pacific context.

Donor coordination and harmonization is especially critical, in that it avoids overburdening the national health staff (with often limited absorptive capacity) with reporting to multiple donors, and involves coordinating financial, technical and policy support that is aligned with host government priorities.

The plenary part of the session discussed the challenge of avoiding real or perceived conflict of interest when engaging with the private sector. Some expressed concern that the governance of the WHO GCM/NCD's engagement of non-State actors in meetings such as the dialogue was not sufficiently clear, and that private sector participants should be clearly labelled as such for the sake of transparency. Others were of the opinion that a conflict of interest did not mean that engagement could not take place, and that engagement with and investment from the private sector should be promoted, while being managed effectively and transparently. The plenary debate also noted the need to look beyond singular health goals and targets and work in synergy with energy, agriculture, education, gender equality and human rights areas, which would be mutually beneficial for all sectors. The discussion also recognized the many useful lessons learned on NCDs from the examples of the Gavi Alliance and UNITAID. The role of universal health coverage and health systems strengthening were also seen as crucial. Engaging ministries of finance, establishing national spending targets and increasing coherence across sectors were also emphasized.

Look beyond singular health goals and targets and work in synergy with energy, agriculture, education, gender equality and human rights areas, which will be mutually beneficial for all sectors.

3.5 High-level segment

The aim of the session was to take stock of the international cooperation architecture's "fitness" in the sustainable development era to support countries in addressing NCDs, and what needed to change in order to align it with existing national plans. Dr Margaret Chan, WHO Director-General, addressed the high-level segment of the dialogue on Day Two (see transcript of speech in the introduction of the report). The Director-General emphasized the importance of integrated approaches and multisectoral action. Governments needed additional money for NCD control, and there was a growing consensus that the SDGs would not be primarily funded by aid budgets. Domestic budgets increasingly bore the financial responsibility for addressing NCDs, and tobacco taxation was a revenue source for many health systems. In moving forward, it would be important to continue to identify both barriers and innovations. There were many options for resource mobilization through tobacco taxation and contributions from the private sector and philanthropic foundations. Furthermore, resources could be freed up by removing sources of waste in the delivery of health services and making them more efficient. Evidence was clear about low-cost interventions such as WHO's "best buys". Dr Chan concluded with two key messages. First, powerful economic operators were expected to seek to intervene and lobby parliamentarians, and governments would

need to oppose those in order to introduce important regulatory measures. Her second message was to never underestimate the power of NGOs, public opinion and the media, and to use them in order to further NCD control.

H.E. Ambassador Yvette Stevens, Permanent Representative of Sierra Leone to the United Nations, emphasized how NCDs were perceived differently from communicable diseases; they evolved more slowly, and were seen as less treatable. Health systems strengthening would be crucial in addressing those issues. She suggested that with the help of WHO, the dialogue could look at the specific issues concerning health systems strengthening that would be most important for tackling NCDs. That would include awareness raising and applying methods that worked within local contexts. It would also involve promoting the availability of testing, such as mammography examinations in health facilities. Creating cooperation between hospitals in developed and developing countries was another important way of strengthening systems. Finally, access to affordable, essential medicines was critical.

H.E. Ambassador Carsten Staur, Permanent Representative of Denmark to the United Nations, shared leadership perspectives from the national/Danish and regional/European levels. He emphasized that while the SDG health target on NCDs was new and welcome, it was only one target of 169, and faced serious financing challenges. If implemented wisely, it would contribute to the much-needed strengthening of health systems and create more sustainable systems for health. He stressed the need to look beyond the health goal and targets, as energy, agriculture, education, gender equality and human rights were some of the areas where synergy could be found and cooperation could be beneficial for the NCD agenda. The Ambassador highlighted the lessons for NCDs from the HIV/AIDS response, especially the ability to enter into other agendas, sectors and spheres, and to forge multiple partnerships. He noted the need for health literacy to be complemented by strong awareness-raising and advocacy efforts. In addition to a multisectoral approach, NCD prevention and control also needed to work through State regulations and empower individuals to manage their own health.

H.E. Ambassador John Quinn, Permanent Representative of Australia to the United Nations, explained that NCDs were a critical issue for Australia and for the Asia Pacific region. That diverse region faced a double burden of communicable and noncommunicable diseases, which was a particularly acute challenge for Pacific Island countries. NCDs gave rise to large social and economic costs, and placed health systems and health budgets under pressure. There was thus a compelling case for boosting investments to reduce NCDs, with promising prospects for solid returns. The NCD response needed to be multisectoral – across government, business, NGOs and wider communities. Steps to strengthen international NCD cooperation could include doing more to share data, technical expertise through twinning, and lessons learned. For example, Australia would be pleased to share more widely its experience with tobacco control efforts. On the challenging issue of obesity, affected countries needed to pool their collective resources to build the evidence base for efficient, innovative and cost-effective interventions. Finally, Ambassador Quinn stated that we must continue to address the challenging questions on NCDs, including the cost of inaction.

Mr Erik Solheim, Chair of the Development Assistance Committee, OECD, noted that NCDs were higher on the development agenda because of the success in defeating communicable diseases. Building on that success, there was a need to highlight the relatively new issue of NCDs among the global development community. NCDs generated immense human suffering, in settings where sometimes not even palliative care was available, and gave rise to significant economic concerns. He echoed the Director-General's emphasis that it was important to get the policies right in development. The issue was not so much

The issue is not so much about money as it is about getting the policies right and having a strong leadership dedicated to human development.

about money as it was about getting the policies right and having a strong leadership dedicated to human development. He described Norway's experience in implementing strong tobacco control measures, which were originally very unpopular among the general public but were now supported by 96% of the population, as a testament to what strong leadership and the right policies could accomplish. In terms of financing, he noted that there were three sources of development finance: tax, private investment and aid. Today most countries were both providers and recipients of aid at the same time. By building on development successes, he emphasized that the global community was capable of tackling NCDs and accomplishing longer healthier lives, better education and increased food security for populations.

The plenary session examined a number of points from the discussion. It was noted that the area of HIV/AIDS might hold lessons around mobilization, but it was unlikely that the financial model could be replicated. There were comments about the importance of domestic revenue, in the form of taxation, and the importance of emphasizing returns on investment when undertaking advocacy in that area. Models such as Bhutan, with a trust fund at the country level, were highlighted. Concern over the potential conflicts of interest when engaging with the private sector was raised again by several participants, as those could undermine health gains. Other participants suggested that the private sector could not be excluded from engagement and should be part of the dialogue.

3.6 Trade and health

Building on the previous sessions, the fifth session provided an opportunity to address trade and health by discussing the following three questions: (1) how do trade and investment agreements interact with the prevention and control of NCDs and how can we strengthen synergies? (2) What are capacity constraints and sources of incoherence at policy level? (3) What can be done to foster coherence across the sustainable development agenda?

These disputes raise important questions about the impact of trade agreements on NCDs, questions about policy space, and questions about the capacity of governments to implement their commitments, to defend claims and to resist threats of claims.

Benn McGrady, WHO Technical Officer (Legal) and introductory speaker, explained that the intersection between trade and NCDs constituted a tangible example of the need for cooperation in NCD prevention and control, partly because the matter of policy coherence was a constant concern. At the international level, that intersection involved different regimes with different goals. At the domestic level, there was separation between authorities with different responsibilities – for NCDs, for promoting

trade, development and industrial development – and that could be characterized by lack of coordination or cooperation, or contradictory policy statements. The field was characterized by disputes, both at international level, for example surrounding clove cigarettes, the Australian plain packaging case, and increasing WTO discussions on regulatory measures such as nutrition labelling, as well as at a regional level, for example plain packaging within the European Union Tobacco Products Directive. International investment agreements were increasingly used to challenge national decision-making. Those disputes raised important questions about the impact of trade agreements on NCDs, questions about policy space, and questions about the capacity of governments to implement their commitments, to defend claims and to resist threats of claims. A massive scale-up in regulatory activity on prevention and control of NCDs would require international cooperation, for instance through the strengthening of national capacity to manage disputes. WHO was becoming increasingly active in that area.

H.E. Ambassador Ricardo Gonzalez Arenas, Permanent Representative of Uruguay to the United Nations, spoke about his country's experience in implementing the FCTC. He explained that the protection of public health fell within the sovereign activity of each State,

The protection of public health falls within the sovereign activity of each State.

and that was recognized in agreements such as the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), the Agreement on Technical Barriers to Trade, and the General Agreement on Tariffs and Trade (GATT). Uruguay had implemented tobacco control since the 1970s, and FCTC measures currently implemented included high taxes on tobacco products; smoke-free environments; bans on advertising, promotion and sponsorship; packaging and labelling regulations; measures to encourage smoking cessation, for example health warnings; and banning sales to minors. Those measures had dramatically impacted smoking prevalence and awareness, especially health warnings, and 80% of packaging must show warnings. However, in 2010, Philip Morris sued Uruguay at the World Bank International Centre for Settlement of Investment Disputes for an alleged breach of the Investment Protection Agreement, challenging the implementation of measures on the unique presentation rule (no different presentation of cigarettes under one brand) and the increased size of health warnings. A judgment was expected in 2016. That would be the first case that would be settled in international arbitration courts since FCTC implementation, and WHO and the Pan American Health Organization (PAHO) had submitted separate amicus curiae briefs.

Erik Wijkstrom, Counsellor at the World Trade Organization (WTO), presented on the WTO Agreement on Technical Barriers to Trade (TBT). He made four key points:

- The relationship between trade and health was complex and broad. Free trade in and of itself was not an objective, but only as it contributed to economic growth. The objectives of WHO and WTO were not contradictory.
- There were an increasing number of NCD issues in TBT. Intersections particularly relevant to NCDs related to labelling, regulations and standards, all of which tended to go to the TBT Committee. In the previous three years, 56 of 126 issues brought to the TBT related to health, and 34 were relevant to NCDs. Those related to food (labelling, health claims), beverages (alcoholic and non-alcoholic) and tobacco. Only one of those became the subject of a formal dispute.
- Cooperation between trade and health was important. While governments had room to regulate, cooperation was increasingly becoming more important due to the issues of how countries regulated. Unfortunately, more and more problems were arising due to lack of coordination.
- Changing patterns in trade made that cooperation more important. Tariffs, which had reduced over previous decades and were now an average 9%, were much less of an issue in trade. Goods travelled across borders in intermediate products, and no interest was applied to that tariff. As that related to NCDs, there was much more focus on deeper integration initiatives. Tariffs were declining, but regulations were not.

The panellists were given the opportunity to react to the presentations. Guillermo Valles, of the United Nations Conference on Trade and Development (UNCTAD), highlighted that there were two main elements of policy incoherence: trade and trade rules, and investment and investment rules. There were over 3500 international investment agreements, with over 600 investor-State disputes since 1983. At the domestic level, UNCTAD enhanced policy coherence through its research and analysis section, which supported a policy dialogue and, ultimately, a policy framework for sustainable development. Investment was not an end in itself, and it was important to address how to deal with conflicts, especially with public health issues. Technical assistance, sensitization and

advisory services were other important tools. Coordination with WHO included research and analysis of tobacco dependency, collecting data on non-tariff measures and looking at illicit trade.

Dr Cary Adams, Union for International Cancer Control and the McCabe Centre for Law and Cancer, spoke about the importance of policies in driving societal change. Laws relating to trade, human rights and health affected governments' ability to address cancer through measures such as advertising restrictions, licensing requirements and taxation. Opportunities for NCD control demanded rare skill sets, and to meet those needs the McCabe Centre for Law and Cancer (Melbourne) opened in 2012, to contribute to the effective use of law for cancer control. The centre focused on legal challenges to FCTC implementation, with international legal training targeted at capacity-building.

When challenges are made to public health measures, a strong regulatory framework can strengthen a country's position in such disputes.

Katharina Kummer Peiry of the FCTC Secretariat explained the premise that when challenges were made to public health measures, a strong regulatory framework could strengthen a country's position in such disputes. For the Secretariat, supporting parties in developing those frameworks would mean working

directly to support country-level implementation, acting as a catalyst in promoting and supporting South-South and triangular cooperation and establishing working groups to develop particular solutions for the implementation of specific articles and guidelines.

Dudley Tarlton of UNDP explained the organization's support to facilitation of international cooperation between eight countries that would work together to strengthen tobacco control through governments, ensuring that different ministries were aware of those linkages. UNDP and WHO had held a conference two years previously on trade agreements in the Pacific region; since that time Tonga had imposed new duties on unhealthy foods, slashed tobacco concessions by half, and imposed higher taxes on lard and carbonated drinks and lower taxes on fish. UNDP was supporting the Ministry of Health in Barbados to implement similar moves, and provided country support to assess the fitness of the current architecture to respond to NCDs. In February, the United Nations Interagency Task Force on NCDs would hold a special thematic meeting on NCDs and the law.

Comments to the speakers and panellists noted examples such as France, which had adopted a series of measures on taxation, banning public smoking and tobacco advertising, and the importance of making available information from like-minded and different strategies around the world. The importance of policy coherence in bodies such as the Codex Alimentarius for NCD control strategies was also raised. In addition, concerns about conflicts of interests in engagement with the private sector were raised.

3.7 Integrating NCDs into international cooperation programmes in other development areas

In opening the last session of the dialogue, the co-chairs explained that the session aimed to establish a necessary connection between NCDs, poverty and development, and emphasized the need to explore how the global NCD agenda could be adapted to address the needs of those living in extreme poverty and highlight how NCD prevention and control needed to happen as much within as outside the health sector, given the potential for positive impact on NCDs by influencing governance in other policy arenas. That needed to be carried out in order to promote and protect health while sustaining development. Finally, the session would seek to demonstrate how SDGs other than goal 3 could contribute to health.

To achieve the above, the speakers would provide concrete examples of how NCDs had been integrated into different development areas, and how that had been achieved through innovative uses of technology.

The final session was introduced by Nina Schwalbe, Principal Adviser and Acting Chief of the Health Section, Programme Division, United Nations Children’s Fund (UNICEF). Many of the diseases that manifested in adulthood had their origins early in life and required multisectoral action. Those included health risks for children related to undernutrition in pregnancy, prenatal exposure to tobacco and alcohol, and childhood obesity, and addressing behaviour patterns adopted during adolescence around tobacco use, unhealthy diet, the harmful effects of alcohol and physical inactivity. Despite those links, there were challenges in engaging the child health community in NCD control. While interventions such as the continued promotion of exclusive breastfeeding, multiple micronutrient supplementation, and universal access to hepatitis B and human papillomavirus vaccines were important to child health, addressing NCDs required using a multisectoral approach to change social norms, taking on some types of industry and fighting poverty and inequity. That was because NCDs were often diseases of the poor and a risk factor for poverty, and because many of the environmental factors that drove NCDs lay outside the health sector. Health ministries must engage with other ministries in order to ensure that legislation, policies, media, social norms and built environments discouraged risk behaviours and supported and protected health. The SDGs provided a framework for hope and for action in strengthening NCD prevention and control both within and beyond the health sector.

Health ministries must engage with other ministries in order to ensure that legislation, policies, media, social norms and built environments discourage risk behaviours and support and protect health.

Bahijjahtu Abubakar, of the Ministry of Environment in Nigeria, discussed the link between climate change and NCDs. Household air pollution was responsible for 4.3 million deaths per year, and ambient air pollution was responsible for 3.7 million deaths. She emphasized that there were substantial links between indoor and outdoor air pollution and adverse health outcomes. Immediate changes, such as retrofitting kitchens, could make quick and drastic changes to exposure to that pollution, with major health benefits for many interventions and policies to reduce short-lived climate pollutants. The direct benefits from those policies were in the near term and were therefore attractive to policy-makers.

Development agencies may be more likely to align their activities with NCD prevention and control if there was better evidence that these conditions impacted those living in poverty.

Dr Kremlin Wickramasinghe from the WHO Collaborating Centre on Population Approaches for NCD Prevention, University of Oxford, discussed the key findings from systematic reviews commissioned by the WHO GCM/NCD. Those examined the association between poverty and NCDs and behavioural NCD risk factors in low-income and lower middle-income countries. The research filled a critical

evidence gap, as there were very few data on the socioeconomic patterning of NCDs and associated risk factors in those settings. Development agencies might be more likely to align their activities with NCD prevention and control if there was better evidence that those conditions impacted those living in poverty. The first systematic review investigated associations between socioeconomic status and NCDs within low-income and lower middle-income countries. The majority of papers reporting associations between cancer and cardiovascular diseases suggested that low socioeconomic status groups had a greater risk of disease than high socioeconomic status groups. In contrast, most papers reporting on diabetes outcomes suggested that high socioeconomic status groups had a greater risk of diabetes than low socioeconomic status groups. The review did not find an adequate number of

studies on chronic respiratory diseases – for example, chronic obstructive pulmonary diseases – to draw firm conclusions. The second review found that low socioeconomic status groups consumed less fruit, vegetables, fish and potentially fibre – but also less fat, salt and processed foods. Low socioeconomic status groups were less likely to be sedentary but more likely to use tobacco and alcohol.

Having identified the conditions and risk factors that were more prevalent among the lowest socioeconomic status groups in low-income and lower middle-income countries, the results enabled development agencies to address the issues in their programmes. The majority of studies included in the two reviews suggested that tobacco and alcohol use, unhealthy diets, cancer and cardiovascular diseases were associated with low socioeconomic status. Those factors should be considered in development activities. The findings that higher socioeconomic status was associated with diabetes and low physical activity was also important. International partners had a role to play in ensuring that development processes considered the impact of the physical environment on physical activity and obesity.

Reactions from panellists followed the presentations:

Gene Bukhman, researcher at Harvard University, explained that in 2013, NCD synergies had been launched with a Rwandan network to allow planning with local data. He was currently co-chairing a new Lancet Commission on reframing NCDs and injuries for the lowest billion. Dr Bukhman explained that the organizations most responsible for child health were not saying the most obvious things about NCDs and children. For instance, the poorest children in the world were dying of asthma, paediatric cancer and epilepsy. Instead, those were redefined in terms of lifestyle risk factors because of the narrow definition of NCDs in advance of the United Nations high-level meeting. On the links between poverty, socioeconomic status and NCDs in different settings, he noted that the Lancet Commission aimed to re-examine the premise that the four main risk factors were even major drivers among the poorest billion.

Dr Sandeep Kishore from the Young Professionals Chronic Disease Network emphasized the role of disparity in access to medicines. He noted that NCD medicines were essential, but they remained at a 36% availability level in the public sector, far short of the 80% availability goal agreed upon by WHO Member States. On 8 May 2015, WHO added 16 life-saving drugs

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for cancer to its Essential Medicines List, a listing of the highest-priority medicines that should be available and affordable in a community. That was an important move towards access. When HIV/AIDS medication was added to the list, it led to 90% price reductions. The Young Professionals Chronic Disease Network had petitioned for the addition of a number of drugs over the years, particularly cancer drugs. Those triggered a review of the cancer section of the Essential Medicines List and an affirmation that a medicine should be deemed essential based on clinical need, not cost. WHO then added a total of 16 drugs for cancer on 8 May 2015. Three core lessons from the HIV/AIDS civil society experience were that there was insufficient global coordination on NCDs, particularly for essential medicines; that for NCDs, and particularly for cancer, intellectual property and trade provisions were meant to protect companies, not people; and that clarity in governance and specification of the role of the GCM/NCD was necessary to ensure that the public's health and interests were accounted for.

Professor Sir Andy Haines from the London School of Hygiene and Tropical Medicine (by video conference) emphasized that deep cuts in greenhouse gas (GHG) emissions were needed to avert

dangerous climate change, and explained the potential synergies between efforts in that area and efforts to prevent NCDs. Policy-makers were slow to implement appropriate policies because of concerns about cost, impacts on industrial competitiveness and perceived divisions in public opinion. However, a range of collateral benefits (co-benefits) of low-GHG emission policies, including on NCDs, could help make them more attractive to policy-makers. Strategies to reduce GHG emissions could result in improvements in health, including the risk of NCDs, through a range of pathways. Reducing the combustion of fossil fuels, particularly coal, could reduce fine particulate air pollution exposure with major benefits to health. Policies directed at reduction of short-lived climate pollutants, particularly black carbon and methane, could also lead to substantial reductions in mortality. Improving insulation and ventilation of existing housing stock could reduce exposure to extremes of heat and cold and to a number of indoor pollutants. Reducing the use of private cars and increasing active travel through more walking and cycling in urban areas could reduce the adverse health effects of sedentary lifestyles and contribute to reductions in air pollution exposure. Low-emission vehicles could also contribute to reduced air pollution and GHG emissions. Changes in diet, including increased consumption of fruit and vegetables, and decreased consumption of animal products (particularly from ruminants) in high-consuming economies, could improve health and also reduce GHG emissions. Taking into account those co-benefits in economic analyses could offset the costs of mitigation and make such policies more likely to be implemented.

For many low- and middle-income countries, HIV treatment programmes were the first experience with large-scale chronic disease management.

In the second part of session six, Dr Timothy Mastro from FHI 360 presented on building HIV/AIDS programmes for NCD prevention and control efforts. Those programmes had been extremely successful: annual HIV funding for low- and middle-income countries had increased from US\$ 1 billion in 2002 to US\$ 20 billion in 2015; and the number of people receiving life-extending antiretroviral therapy had increased from less than 0.5 million in 2002 to 15 million in 2015. For many low- and middle-income countries, HIV treatment programmes had been the first experience with large-scale chronic disease management. The HIV prevention, care and treatment cascade (including prevention, HIV testing, diagnosis, enrolment into care, initiation of antiretroviral therapy, sustained adherence to antiretroviral therapy and suppression of HIV viral load) had been a useful framework for guiding the HIV response, setting and measuring targets and mobilizing support from decision-makers; that was an approach that could be adapted to NCDs. FHI 360 had integrated NCD control into several HIV programmes and had built on HIV programmes to address NCDs in the general population.

Kemal Huseinovic from the International Telecommunication Union (ITU) shared concrete examples of how information and communications technology could address NCDs through the Be He@lthy Be Mobile initiative, a unique joint project between the United Nations health and telecommunications agencies to use mobile technology, in particular text messaging and applications, to help Member States combat the growing burden of NCDs. It aimed to scale up already successful and cost-effective technologies for NCDs that had been proven at a pilot level and make them available for the world; and to harness the “best” technologies in the world and to make them available to Member States in order to help them address their burden of NCDs by validating technologies for results, quality assurance and cost-effectiveness. It also sought to help develop cost-effective tools, devices and innovative solutions to help reduce the global burden of NCDs and to strengthen the capacity of local stakeholders towards the optimal and efficient use of available resources. Furthermore, there was a need to create standards and guiding principles that would assist governments and citizens to quickly access and adopt the new tools and devices. The approach was a great example of the potential synergy between United Nations agencies, the private sector and

government institutions. By focusing on the WHO “best buys” for NCDs, the initiative would contribute to saving millions of lives and reduce the economic burden to society caused by NCDs.

Three panellists then contributed to the discussion:

Dr Raad Shakir, President of the World Federation of Neurology, emphasized that the scope and remit of the NCD agenda needed to be broadened to include neuro NCDs and others, stating that there was “no health without brain health”. He emphasized the magnitude of the burden of stroke alone, which continued to be responsible for more deaths annually than those attributed to AIDS, tuberculosis and malaria combined. He also noted that the burden of stroke now disproportionately affected individuals living in resource-poor countries. Dementia now affected 47.5 million people worldwide. Concerning the World Federation of Neurology’s collaboration with patients’ organizations, he noted that they were by and large disease oriented and perhaps rightly so, but regardless of that, it was important to speak to health care providers with one voice to tackle the huge problems caused by brain diseases. WHO should move fast to embrace disease management rather than purely disease prevention.

Lucy Sullivan from 1,000 Days noted that prevention was an important lesson from the HIV/AIDS response. Poor diet was the largest cause of death across the world; one of every five deaths could be attributed to poor diet.

Today, healthy diets are expensive and out of reach for the poor.

Accordingly, there was a need to bring discussion of nutrition and diet to the forefront. NCDs were included within the SDGs both in goal 3 on health and in goal 2 on nutrition and agriculture. That provided a valuable opportunity to link NCDs to the nutrition agenda, and to push for a food and agricultural system that put health first. Currently, healthy diets were expensive and out of reach for the poor.

Dr Fiona Adshead, Bupa, spoke as a partner for the ITU Be He@lthy Be Mobile project, which was about implementation and action in practice, and about reaching out to people in new ways. That allowed collaborators to use expertise but also to innovate and to focus on repeatable and scalable models. It was also about putting people at the centre of NCDs and empowerment, and working to think about how to reach people in their everyday lives, especially within workplaces. Dr Adshead emphasized the importance of shifting mindsets and ensuring that different stakeholders worked together with open minds, by identifying and managing conflicts and divergent interests. Working together would be necessary in order to shift the scale at which we aspire to act. Partnerships were absolutely essential to achieving the NCD goals that the present dialogue had been discussing.

4. Conclusions

The dialogue meeting, convened on 30 November and 1 December 2015 by the WHO GCM/NCD, was a successful illustration of how a wide variety of international stakeholders can effectively collaborate to tackle NCDs. The dialogue reaffirmed the need for countries to build on the work derived from the 2011 United Nations Political Declaration on NCDs and the 2014 United Nations Outcome Document on NCDs in working towards the new Sustainable Development Goals and strengthening international cooperation on NCDs. In a context where traditional global funding streams such as ODA are changing, progress requires a shift towards other mostly domestic revenue sources such as taxation. Also, a broader definition of international cooperation, especially with regard to who can be involved and how, is required.

As clearly stated by the first introductory speaker, Dr Horton, the NCD burden represents a “global scandal”, exacerbated by the massive disconnect between the scale of the problem and a serious lack of resources. Furthermore, evidence must focus on the connection between poverty and chronic diseases, which fuel one another. Those messages resonated throughout the dialogue. Mr Horton called for a new and inspiring story about NCDs that emphasized the mutual benefits involved in collaborating and working together in the fight against NCDs.

The dialogue thus clearly established that providing adequate support to national NCD responses is urgent and feasible, if stakeholders work together in an integrated fashion.

The dialogue clearly established that providing adequate support to national NCD responses is urgent and feasible, if stakeholders work together in an integrated fashion. All governments, United Nations agencies, civil society representatives and private sector stakeholders in the room stressed that they

remained committed to help develop and implement national NCD responses.

There has been considerable discussion on financing national NCD responses to the SDGs. The key source of resources to develop and implement national NCD responses will need to derive from domestic channels, complemented by ODA and contributions from philanthropic foundations and the private sector. Those complementary resources provided through bilateral and multilateral channels will play an important catalytic role, especially in helping governments to forge public-private partnerships, while safeguarding public health from any potential, perceived or real conflict of interest. There are also opportunities to softly earmark tobacco and alcohol taxes at a national level as additional revenue streams to finance national NCD responses.

The key source of resources to develop and implement national NCD responses will need to derive from domestic channels, complemented by ODA and contributions from philanthropic foundations and the private sector.

Making the investment case for bilateral donors to enhance support to governments to develop national NCD responses is also important. Valuable lessons can be learned from the Gavi Alliance and UNITAID in marrying the supply and demand sides for technical assistance and facilitating the development of common public goods for different health areas. Therefore the focus should be not just on the money provided by donors, but also on the value of the various resources that different stakeholders can contribute. In a similar vein, the dialogue highlighted the importance of getting policies right, and of having bold political leadership that has the courage to make the right decisions, even if unpopular upon introduction.

The need to manage any real, perceived or potential conflicts of interest was highlighted throughout the dialogue. The co-chairs clarified that guidance for Member States on how to engage with non-State actors was provided by the WHO Global Action Plan on NCDs, WHO nutrition guidelines and other guidelines under development. Furthermore, a Member States-led working group, facilitated by the WHO GCM/NCD Secretariat, will issue a report in early 2016 with recommendations on how governments can realize their own commitments to engage non-State actors on NCDs. United Nations agencies follow their own procedures for engagement with non-State actors. The WHO framework of engagement – which sets out guidelines for WHO’s engagement with non-State actors – is still under development. It was also noted that the WHO GCM/NCD’s eligibility criteria for participation in the WHO GCM/NCD had been applied for the dialogue.

The high-level segment stressed that taxes had the potential to be the biggest revenue source for governments to finance the implementation of national NCD responses. The main bottleneck is the tax exemption that developed countries are providing to transnational companies, making it harder for developing nations to impose taxes on these companies.

With respect to trade and NCDs, the dialogue heard about the challenges faced by Uruguay in implementing the WHO FCTC, particularly in regard to the Philip Morris lawsuit. It also learned from UNDP’s experience in setting up eight South–South collaboration projects to strengthen national capacities in the area of tobacco control. The session established that the intersection between trade and health offered new opportunities for strengthened international cooperation on NCD prevention, not least in terms of building national capacity in managing and responding to potential international disputes, such as the one faced by Uruguay.

The final session illustrated how NCDs can successfully be integrated into international cooperation programmes. This included ways to build on HIV/AIDS investments for NCD prevention and control, emphasizing the importance of implementation science and the adoption of the HIV cascade framework across prevention, diagnosis, care and treatment. There is also an important role for information and communications technology in development, emphasizing the importance of devoting resources to the continued development of mHealth. Repeatable and scalable models that can be achieved through strategic partnerships were highlighted. Other highlights included the importance of addressing disease management; the need to innovate and to scale up; and the untapped opportunity to link NCDs to the nutrition agenda.

A fundamental change in health financing is happening whereby additional investments to implement national NCD responses will rely primarily on domestic public resources. Taxation on unhealthy products such as tobacco was highlighted as a “best buy” policy option that is successfully implemented in many countries, but which remains an untapped resource and “low-hanging fruit” in other countries.

As a concrete output of the dialogue and a continuation of engagement, the WHO GCM/NCD Secretariat launched a follow-up virtual discussion forum as the starting point for communities of practice hosted on the new WHO GCM/NCD web portal.

As a concrete output of the dialogue and a continuation of engagement, the WHO GCM/NCD Secretariat launched a follow-up virtual discussion forum as the starting point for communities of practice hosted on the new WHO GCM/NCD web portal. Both the dialogue and the follow-up virtual discussion forum are aligned with the purpose of the WHO GCM/NCD, which is to provide an opportunity for a strategic multistakeholder discussion on how countries

can leverage international cooperation to complement their domestic resources and fulfil their commitments to attain the nine NCD targets for 2025 and the NCD-related SDG targets for 2030. The

discussion forum will provide a platform for further in-depth engagement from the experts and participants of the dialogue meeting in order to ensure that all dialogue participants have had the opportunity to share their vast knowledge and experience on the issues under discussion.

Please see Annex 2 for a summary of the outcome of the virtual discussion forum.

Next steps:

- As a concrete output of the dialogue and a continuation of engagement, the WHO GCM/NCD Secretariat launched a follow-up virtual discussion forum in January 2016.
- Following the virtual dialogue mentioned above a series of communities of practice will be launched and housed at the new WHO GCM/NCD web portal. The web portal will furthermore serve as a hub for knowledge dissemination and sharing of information, including on best practices on NCD prevention and control in the areas within the GCM/NCD mandate.
- A new WHO GCM/NCD working group will be established in accordance with the work plan 2016–2017 to recommend ways and means of encouraging Member States and non-State actors to align international cooperation on NCDs with national plans concerning NCDs in order to strengthen aid effectiveness and the development impact of external resources in support of NCDs.
- The next dialogue of the WHO GCM/NCD will take place on 17–19 October 2016. The dialogue will be on 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 (work plan of the WHO GCM/NCD 2016–2017, objective 1, action 1.2). The venue will be in a Member State (to be confirmed). Registration will soon open on the WHO GCM/NCD website. Please save the date and register your interest in participating.



**WHO Global Coordination Mechanism
on the Prevention and Control of
Noncommunicable Diseases**



**World Health
Organization**



**Dialogue on strengthening international cooperation on
noncommunicable diseases**

Executive Boardroom, World Health Organization, Geneva, Switzerland

Monday, 30 November

08:00-09:15: Registration and welcome coffee

09:30-10:00: Opening session

Dr Oleg Chestnov, Assistant Director-General, WHO

Co-chairs:

H.E. Ambassador, Jorge Lomónaco, Permanent Representative of Mexico to the United Nations

Carl Reaich, Deputy Permanent Representative of New Zealand to the United Nations

Dr Bente Mikkelsen, Head a.i. of the Secretariat for the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases, WHO

10:00-11:00: Session One

The 2030 Agenda for Sustainable Development and strengthening international cooperation on NCDs

Introductory speaker: *Dr Richard Horton, Editor-in-Chief of the Lancet*

Keynote speakers:

NCDs in the context of the Sustainable Development Goals

Dr Douglas Bettcher, Director, Prevention of Noncommunicable Diseases, WHO

International Cooperation on NCDs as part of a broader development agenda

Sir George Alleyne, Director Emeritus, Pan American Health Organization

Plenary debate

11:00-11:20: Coffee

11:20-12:30: Session Two

Feedback from the Caucuses: taking into consideration the integrated and indivisible nature of the Sustainable Development Goals, what will you do differently to combat NCDs?

Introductory speaker: *Dr Soon-Young Yoon, International Alliance of Women*

Testimonials from NCD Champions:

Communities living with NCDs: surviving cancer

Abish Romero, National Institute of Public Health, Mexico

NCD healthcare provider: supporting NCD patients in the Ebola emergency in West Africa

John Ly, Last Mile Health

Defender of women living with NCDs: championing the rights to health care for women living in remote and poor areas of Belize

Laura Tucker-Longsworth, Belize Cancer Society

Representatives of the Caucuses:

Nongovernmental organizations and the next generation: advocacy and accountability for NCDs

Jordan Jarvis, Young Professionals Chronic Disease Network

United Nations system: delivering integrative responses for NCDs

Jorge Chediek, United Nations Office for South-South Cooperation

The complementary contribution of private sector and philanthropic foundations

Dr Gijs Walraven, Aga Khan Development Network; Attila Turos, World Economic Forum

Question and answer session

12:30-14:00: Lunch

14:00-15:15: Session Three

After Addis: financing national NCD responses in the post-2015 era

Introductory speaker: *Dr Mariam Al-Jalahma, National Health Regulatory Authority, Bahrain*

Keynote speakers:

Stimulating international cooperation to finance the prevention and control of NCDs
Colin McIff, USA Senior Health Attaché; Dr Rachel Nugent, Department of Global Health, University of Washington

The mobilization of financial resources through tobacco taxation to implement national action plans on NCDs

Jeremias Paul, Department of Finance, Republic of the Philippines

Building the business case for addressing NCDs in the 'base of the pyramid': presentation on a public-private partnership

Martin Bille Hermann, Ministry of Foreign Affairs, Denmark; Charlotte Ersbøll, Global Health Council affiliate

The role of the UN system: how multidonor trust funds and loans can contribute to NCD prevention

Seenithamby Manoharan, World Bank

Reactions from panellists:

Helen McGuire, PATH

Paurvi Bhatt, Global Health Council affiliate

Plenary debate

15:15-15:35: Coffee

15:35-16:50: Session Four

Making the investment case for donors to enhance NCD prevention in their bilateral and multilateral official development assistance (ODA) policies

Introductory speaker: *Professor Rob Moodie, College of Medicine, University of Malawi*

Keynote speakers:

Linking the demand for resources (technical, human, financial) to the available supply in order to support national NCD responses

Dr Sania Nishtar, Heartfile

Addressing NCDs through ODA: JICA's strategy

Tatsuya Ashida, Japan International Cooperation Agency

Reactions from panellists:

Sanne Fournier-Wendes, UNITAID

Geoff Adlidge, GAVI, the Vaccine Alliance

Timothy Poletti, Department of Foreign Affairs and Trade, Australia

Dr Jennifer Adams, USAID

Plenary debate

16:50-17:00: Summary of Day One

Summary remarks by the co-chairs

17:00-19:00: Reception at WHO (the main cafeteria)

Tuesday, 1 December

09:30-10:45: High-level segment

Taking stock of the international cooperation architecture's "fitness" in the sustainable development era to support countries in addressing NCDs: what needs to change in order to align it with national plans

Dr Oleg Chestnov, Assistant Director-General, WHO

Dr Margaret Chan, Director-General, WHO (TBC)

H. E. Ambassador Yvette Stevens, Permanent Representative of Sierra Leone to the United Nations

H. E. Ambassador Carsten Staur, Permanent Representative of Denmark to the United Nations

H. E. Ambassador John Quinn, Permanent Representative of Australia to the United Nations

Erik Solheim, Chair of the Development Assistance Committee, OECD

Plenary debate

10:45-11:15: Official photo and coffee

11:15-12:30: Session Five

International cooperation on trade and health: the case for coherence between health and trade policies for sustainable development

Introductory speaker: *Benn McGrady, Prevention of Noncommunicable Diseases, WHO*

Keynote speakers:

Challenges in the implementation of the WHO Framework Convention on Tobacco Control (FCTC): the experience of Uruguay

H.E. Ambassador Ricardo Gonzalez Arenas, Permanent Representative of Uruguay to the United Nations

The technical barriers to trade regulations regarding NCDs

Erik Wijkström, World Trade Organization

Reactions from panellists:

Guillermo Valles, United Nations Conference on Trade and Development

Dr Cary Adams, Union for International Cancer Control, McCabe Centre for Law and Cancer

Plenary debate

12:30-14:00: Lunch

14:00-15:10: Session Six

How can NCDs be integrated into international cooperation programmes in other development areas?

Introductory speaker: *Nina Schwalbe, United Nations Children's Fund*

Keynote speakers:

Addressing NCDs through a climate change preventive lens
Bahijjahtu Abubakar, Nigerian Ministry of Environment

The NCD-poverty nexus: presentation of evidence from a systematic review
Dr Kremlin Wickramasinghe, WHO Collaborating Centre on Population Approaches for NCD Prevention, Nuffield Department of Population Health, University of Oxford

Reactions from panellists:

*Professor Sir Andy Haines, London School of Hygiene and Tropical Medicine
Dr Gene Bukhman, Program in Global NCDs and Social Change, Harvard Medical School
Dr Sandeep Kishore, Young Professionals Chronic Disease Network*

Plenary debate

15:10-15:30: Coffee

15:30-16:40: Session Six (continued)

Keynote speakers:

Building on HIV/AIDS investments for NCD prevention and control
Dr Timothy Mastro, FHI 360

Information and communications technology for development
Kemal Huseinovic, International Telecommunication Union

Reactions from panellists:

*Dr Raad Shakir, World Federation of Neurology
Dr Fiona Adshead, International Telecommunication Union partner for Be He@lthy Be Mobile
Lucy Sullivan, 1,000 Days*

Plenary debate

16:40-17:00: Summary by the co-chairs

2016 dialogue

The role of non-State actors in supporting Member States in their national efforts to tackle noncommunicable diseases in the post-2015 era

Date and venue to be determined

Annex 2. Summary of the virtual discussion forum

[Forthcoming]

Annex 3. List of participants



N8-MTG-0091: WHO DIALOGUE ON NCDs AND INTERNATIONAL COOPERATION,
30 November –1 December 2015

EB Room - Geneva, Switzerland

List of participants

Co-chairs

H.E. Jorge LOMÓNACO TONDA Ambassador, Permanent Representative Permanent Mission of Mexico to the United Nations in Geneva, Switzerland
Mr Carl REAICH Deputy Permanent Representative Permanent Mission of New Zealand to the United Nations Office in Geneva, Switzerland

Member States/Government

Mr Kjetil AASLAND Minister Counsellor Permanent Mission of Norway to the United Nations Office in Geneva, Switzerland
Mrs Bahijjatu ABUBAKAR (keynote speaker) National Coordinator, Renewable Energy Programme Ministry of Environment Abuja, Nigeria
Ms Agne ADOMAITYTE Intern Permanent Mission of the Republic of Lithuania to the United Nations in Geneva, Switzerland
Dr Mariam AL-JALAHMA (introductory speaker) Chief Executive, National Health Regulatory Authority (NHRA) Manama, Kingdom of Bahrain
Mr Adel ALAKHDER First Secretary Permanent Mission of Libya to the United Nations Office at Geneva in Geneva, Switzerland
Mr Mehdi ALIABADI First Secretary Permanent Mission of the Islamic Republic of Iran to the United Nations in Geneva, Switzerland
Mrs Anesa ALI-RODRIGUEZ Counsellor Permanent Mission of the Republic of Trinidad and Tobago to the United Nations in Geneva, Switzerland
Mr Hughland ALLMAN Ambassador, Deputy Permanent Representative Permanent Mission of Barbados to the United Nations Office in Geneva, Switzerland
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Mr Tatsuya ASHIDA (keynote speaker) Adviser, Human Development Department, Japan International Cooperation Agency (JICA)

Tokyo, Japan
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