WHO Global Meeting to Accelerate Progress on SDG Target 3.4 on Noncommunicable Diseases and Mental Health

9-12 December 2019
Muscat, Oman

MEETING REPORT

World Health Organization

سلطنة عُمان
وزارة الصحة
Sultanate of Oman
Ministry of Health

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Foreword

The burden of noncommunicable diseases (NCDs), such as cardiovascular diseases, cancer, diabetes, chronic respiratory diseases, and mental disorders, is growing in rich and poor countries alike. However, in low- and middle-income countries, the NCD challenge is compounded by persistent communicable diseases, poor maternal and child health, and fragile health systems. The premature mortality from NCDs, that is, deaths under the age of 70, is particularly concerning, as those deaths are occurring among the economically most productive population. These productivity losses, combined with the rising treatment costs for chronic NCDs, are affecting households, overwhelming health systems, and negatively impacting national economies.

Recent years have seen encouraging developments in elevating NCDs in the global policy agenda, with a series of high-level meetings and the inclusion of Sustainable Development Goal (SDG) target 3.4, on NCDs and mental health, in the 2030 Agenda for Sustainable Development.

An organized response to NCDs, however, is yet to emerge in many low- and middle-income countries, as the governance structures, institutional arrangements, multisectoral policy development and planning, and effective regulation and coordination mechanisms across different sectors and actors are not well developed. National ministries of health are critical in responding to NCDs, as they have an important role to play in oversight, management and planning for the development of well aligned, NCD-specific, sectorwide policies and programmes. Therefore, strengthening the capacities of ministries of health to lead on strategizing, guiding, planning and coordinating activities for the implementation of Health in All Policies, both within health systems and across all government sectors, is paramount.

The World Health Organization (WHO) works closely with its Member States in providing technical assistance, tools and guidance to scale up action against NCDs, including strengthening health systems, addressing the social, economic, and environmental determinants of NCDs, and improving coordination with non-State actors to catalyse political action.

In an effort to spur the implementation of national responses against NCDs, WHO and the Government of the Sultanate of Oman co-organized the Global Meeting to Accelerate Progress on SDG Target 3.4 on Noncommunicable Diseases and Mental Health. Oman was chosen for its remarkable achievements in terms of sustained investment in development of the health sector, political commitment to prioritization of NCDs as part of universal health coverage, and institutionalization of the SDGs within the national health agenda.

The focus of the Global Meeting was on overcoming the implementation challenges and building the capacities of national NCD managers to reduce premature mortality from NCDs through prevention and treatment and to promote mental health and well-being. The meeting embraced the so-called five-by-five approach and offered sessions on the four main types of NCDs plus mental health, along with the main risk factors, including tobacco use, harmful use of alcohol, unhealthy diet, physical inactivity and air pollution.

The technical part of the meeting introduced all WHO packages and tools to help countries implement the whole spectrum of NCD interventions from promotion and prevention to treatment, rehabilitation and palliation. The partners' forum provided an opportunity for national NCD managers to engage with relevant non-State actors to explore opportunities for meaningful and effective collaboration at global, regional and local levels to reduce premature mortality from NCDs and promote mental health, while giving due regard to managing potential conflicts of interest.

Over the course of the four-day conference, over 600 participants from Member States, United Nations system organizations, academia,

civil society, professional associations and the private sector discussed what actions could be implemented to help countries achieve the SDGs, particularly SDG target 3.4, and how integrated governance and multisectoral and multistakeholder partnerships could help to make fast progress. The rich discussions provided ample opportunities to learn, to connect, and to bring about innovative solutions. The quality of presentations, insightful speakers, experts and the youth forum contributed to the success of the meeting and made it a memorable learning experience. The release of the report of the WHO Independent High-level Commission on Noncommunicable Diseases and the launch of the *BMJ* special series on NCD solutions were some of the highlights of the Global Meeting.

We would like to express our sincere appreciation to all WHO colleagues from the six regions and three levels of the Organization who contributed their expertise and worked tirelessly for several months to make this conference happen. We would also like to acknowledge a very special collaboration between WHO and the Sultanate of Oman, amplified by the support of the Ministry of Health of Oman, the Director of the WHO Regional Office for the Eastern Mediterranean and the WHO country representative, as well as the regional office and country office teams, whose efforts were key in making the meeting a success.

We hope you enjoy reading this report, which aims to capture the main outputs of the Global Meeting and serve as a reference to the WHO technical packages and other important resources on how we can move from global commitments to local action.

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Director-General
World Health Organization

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Minister of Health
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Abbreviations

FENSA	Framework of Engagement with Non-State Actors
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
IAEA	International Atomic Energy Agency
ITU	International Telecommunication Union
NCD	noncommunicable disease
NGO	nongovernmental organization
OECD	Organisation for Economic Co-operation and Development
SDG	Sustainable Development Goal
STEPS	STEPwise approach to noncommunicable disease risk factor surveillance
TB	tuberculosis
UHC	universal health coverage
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNIATF	United Nations Interagency Task Force
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organization

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Overview

1.1 Context

1.1.1 The NCD burden

Noncommunicable diseases (NCDs) – cardiovascular diseases, cancer, chronic respiratory diseases, and diabetes – have long been the leading cause of deaths and ill-health globally, imposing a considerable burden on individuals, households, health systems and country economies, especially in low- and middle-income countries. The World Health Organization (WHO) estimates that there were 56.9 million deaths in 2016, and that NCDs were responsible for 40.5 million of those deaths, or 71% of the global mortality. It is particularly concerning that 15 million of the NCD deaths worldwide took place before the age of 70, and 85% of this premature mortality occurred in low- and middle-income countries.

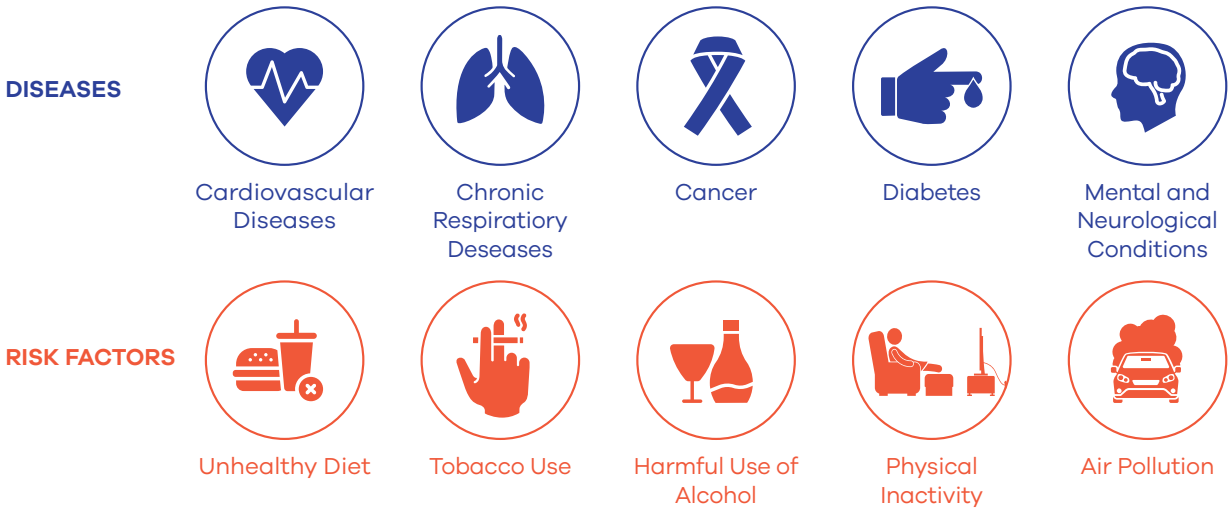
1.1.2 Increased global awareness

Despite being the major cause of mortality and morbidity for years, NCDs have relatively recently been prioritized on the global political agenda, most notably when the United Nations General Assembly convened three high-level meetings on the prevention and control of NCDs in 2011, 2014 and 2018. In 2015, countries agreed to include a specific Sustainable Development Goal (SDG) target 3.4 ("By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being") in the 2030 Agenda for Sustainable Development as part of Goal 3, "Ensure healthy lives and promote well-being for all at all ages".[1] In 2019, the United Nations High-level Meeting on Universal Health Coverage was held in New York, United States of America. The political declaration of the meeting built on SDG target 3.8 on universal health coverage (UHC) and the "triple billion" goals in the WHO Thirteenth General Programme of Work. As all SDG targets are intertwined, SDG targets 3.4 and 3.8 cannot be achieved if countries do not progress on both counts.

All political declarations and outcome documents emerging from these high-profile meetings repeatedly stressed the importance of whole-of-government, whole-of-society, and cross-sectoral approaches at the global, regional and national levels to improve the health of populations. The NCD agenda has also been expanded from the four-by-four (four major NCDs and four shared risk factors, namely tobacco use, harmful use of alcohol, physical inactivity, and unhealthy diets) to the so-called five-by-five approach, which includes mental health and environmental determinants (Figure 1).

1 Transforming our world: the 2030 Agenda for Sustainable Development. Resolution adopted by the General Assembly on 25 September 2015. New York: United Nations; 2015.

Figure 1. The five-by-five approach to NCDs



1.1.3 Implementation challenges

WHO developed a menu of policy options and cost-effective interventions (Appendix 3 of the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020), which was updated in 2017 and renamed as Tackling NCDs: "best buys" and other recommended interventions for the prevention and control of NCDs. The recommended interventions aim to assist Member States in implementing measures to achieve national and global NCD targets, as appropriate for their national contexts.

There are a total of 88 interventions, where 16 are considered the best buys with proven cost-effectiveness and high feasibility for implementation (for example, excise taxes on tobacco and alcohol, reduced salt intake through the implementation of front-of-pack labelling and behaviour communication, drug therapy for hypertension and glycaemic control for diabetes, and vaccination against human papillomavirus (two doses) for 9–12-year-old girls).

WHO is currently preparing a menu of policy options and cost-effective interventions for mental health to assist Member States in addressing the expanded NCD agenda through the five-by-five approach, which includes mental health and environmental considerations.

Irrespective of the availability of the best buy interventions to comprehensively address NCDs and their shared risk factors, the progress to date across countries has been slow and uneven. The WHO High-level Commission on NCDs identified several obstacles that governments face in their efforts towards SDG target 3.4:

- lack of political will, commitment, capacity and action
- lack of policies and plans for NCDs
- difficulty in priority setting
- impact of economic, commercial and market forces
- insufficient technical and operational capacity
- insufficient (domestic and international) financing to scale up national NCD responses
- lack of accountability.[2]

2 Time to deliver: Third UN High-level Meeting on Non-communicable Diseases, 27 September 2018. Geneva: World Health Organization; 2018 (http://www.who.int/ncds/governance/third-un-meeting/brochure.pdf, accessed 9 April 2020).

1.1.4 Solution: building national capacities to address NCDs and enhance mental health

The role of governments is critical to helping translate global commitments into national implementation. However, countries continue to vary in their capacity to take action to prevent and control NCDs and to address a growing burden of mental, neurological, and substance use disorders (mental health conditions), as well as environmental pollution. Adequate country capacity is one of the critical missing factors to attain the SDGs, including SDG target 3.4, since maintaining the momentum after the initial political commitments were made has proved to be a major challenge. WHO regularly conducts NCD country capacity surveys to assess national capacities for the prevention and control of NCDs, with a focus on NCD infrastructure, policy formulation, surveillance, and the health system response to address NCDs at the national level.

Building the capacity of ministries of health and national NCD managers to develop the necessary knowledge and skills to respond to NCDs is essential to meet new and future public health challenges. Areas of engagement will include attending to inequalities and their impact on health and disease, strengthening health governance and health systems, addressing the social determinants of NCDs, and moving from siloed to integrated approaches across sectors. Of countries that had conducted country capacity surveys, 86% stated they had a unit or department within their ministry of health with responsibility for overseeing work on NCDs and their risk factors, while 84% had at least one full-time technical member of staff employed within the NCD unit or department.[3]

Building the capacities of these NCD managers, including technical competence, skills, and application of knowledge for improvements in policy and practice, is an essential prerequisite for progress at the country level. WHO has been providing technical assistance, training workshops and tools to help NCD managers accelerate the implementation of high-level commitments. WHO has also been convening

3 Assessing national capacity for the prevention and control of noncommunicable diseases: report of the 2017 global survey. Geneva: World Health Organization; 2018.

global meetings and conferences, including the WHO global meetings for national NCD programme directors and managers to strengthen their abilities to lead multisectoral and multistakeholder efforts to tackle NCDs. The first such capacity-building meeting was held in 2016 in Geneva, Switzerland. The Global Meeting in Oman was the second meeting organized by WHO targeting NCD directors and programme managers. The third global meeting is planned to take place in 2022.

To scale up the implementation of national responses to address NCDs and their risk factors, WHO has developed technical packages of prioritized interventions for Member States:

- MPOWER to reduce tobacco use (as outlined in the WHO Framework Convention on Tobacco Control)
- SAFER to reduce the harmful use of alcohol
- SHAKE to reduce salt intake
- REPLACE to eliminate industrially produced trans fatty acids from the food supply
- ACTIVE to promote physical activity
- HEARTS to reduce hypertension
- mhGAP to address mental health conditions and promote mental health
- LIVE LIFE to prevent suicide
- INSPIRE to reduce violence against children
- SAVE LIVES to reduce road traffic injuries and deaths.

Capacity development is important not only for the public sector but also for civil society organizations and the private sector. The complexity of the NCD agenda requires a well-coordinated multisectoral and multistakeholder collaborative effort to amplify impact and accelerate change. Multistakeholder partnerships will allow governments and non-State actors to pool their resources to bring heightened and focused attention to NCD prevention and control. Partnerships may also become an important consolidator and disseminator of knowledge and information. To address these issues, in addition to the technical part, the Global Meeting also included a global multistakeholder partners' forum.

1.2 The Global Meeting

The WHO Global Meeting to Accelerate Progress on SDG Target 3.4 on Noncommunicable Diseases and Mental Health took place in Muscat, Oman, from 9 to 12 December 2019.

1.2.1 Goal

The overarching goal of the Global Meeting was to accelerate the implementation of national responses to address NCDs and mental health conditions with a view to reducing premature mortality and scaling up interventions to reach SDG target 3.4 by 2030. Specifically, the Global Meeting focused on increasing country ownership of the WHO technical packages and tools to tackle NCDs, while recognizing the importance of political leadership, policy coherence, multistakeholder engagement, understanding of national contexts, learning from experiences and sharing lessons.

1.2.2 Objectives

The objectives of the Global Meeting were to strengthen the capacity of national NCD directors and managers to:

- implement a set of priority interventions that will put their countries on a sustainable path to attain SDG target 3.4 on NCDs and mental health by 2030;
- fulfil the commitments made by Heads of State and Government in the political declarations of the United Nations General Assembly adopted in 2011, 2014 and 2018;
- contribute to the targets for NCD-related actions included in the triple billion goals set out in the WHO Thirteenth General Programme of Work (Figure 2).

Figure 2. Triple billion goals

1.2.3 Structure

The Global Meeting included the following segments:

- technical meeting for national NCD directors and programme managers (9–10 December);
- high-level segment for Member States and United Nations organizations, as well as non-State actors, at the level of ministers and heads of organizations (afternoon of 10 December);
- global multistakeholder partners' forum (11 December);
- regional meetings, side events and site visits (12 December).

The focus of the technical part of the meeting was on the challenges and solutions to the implementation of the WHO technical packages for NCD prevention and control to achieve SDG target 3.4.

The objectives of the global multistakeholder partners' forum were to strengthen the capacity of national NCD directors and programme managers to:

- engage with non-State actors, considering national health priorities and objectives, for a meaningful and effective contribution to the implementation of national responses to NCDs and mental health to reduce premature mortality from NCDs and promote mental health, while giving due regard to managing conflicts of interest;
- strengthen non-State actors' commitments and contributions to the implementation of national responses to prevent and control NCDs and promote mental health to achieve SDG target 3.4.

The Global Meeting's technical part and multistakeholder partners' forum were anchored in the vision outlined in the WHO Thirteenth General Programme of Work (2019–2023) to address three strategic priorities (achieving UHC, addressing health emergencies, and promoting healthier populations) through the triple billion goals. To accomplish this, the overarching themes of the global multistakeholder partners' forum were (a) governance and accountability, and (b) innovative solutions.

The focus on the governance and accountability challenges reflected the growing importance of non-State actors in contributing to the implementation of the NCD agenda. The Global Meeting acknowledged that despite the central role of government in the prevention and control of NCDs, effective governance in health can only be achieved in collaboration with other actors outside government, whose objectives are aligned with the public health goals. For example, there is a natural synergy for governments to partner with civil society organizations in policy development, health promotion and advocacy. Countries need to find innovative ways to encourage partnerships with faith-based organizations as well, but without

delegating the government's responsibility for the population's health.

The sessions on innovative solutions explored themes that would require multisectoral and multistakeholder cooperation at both global and country levels.

The multistakeholder partners' forum sought to create a collaborative community of Member States, foundations, private sector representatives, academia, humanitarian and professional organizations, and civil society to leverage their strengths and promote synergies. More specifically, the forum achieved the following:

- fostered an open dialogue and inspired action on how to further strengthen multisectoral and multistakeholder collaboration towards the implementation of scalable, context-specific solutions for NCD prevention and control;
- provided networking opportunities for various stakeholders and partners;
- offered a platform to share information and good practices.

In total, the programme offered five plenary sessions, 20 parallel sessions, and six lunchtime seminars on the implementation of the WHO Framework Convention on Tobacco Control, suicide prevention, health literacy, fiscal measures and NCD accelerators, civil society engagement, and development cooperation. The last day of the meeting included visits to primary health care clinics organized by the host, followed by the six WHO regional meetings.

1.2.4 Participation

The Global Meeting attracted over 600 participants. There were more than 95 countries represented by Member State delegations, as well as approximately 100 participants from non-State actors, including youth organizations, academia, nongovernmental organizations (NGOs), professional associations, civil society organizations and the private sector. A total of 178 experts had a chance to speak in the meeting as panellists, moderators and presenters. The high-level participation included 10 health ministers, several deputy ministers, WHO regional directors from the WHO regional offices for Europe and the Eastern Mediterranean, parliamentarians, senior representatives from ministries of foreign affairs, H.R.H. Princess Dina Mired of Jordan, representatives of United Nations agencies, and other distinguished guests.

Information categorizing the participants by gender, WHO region, and affiliation is presented below.

Figure 3. Gender balance of participants (%)

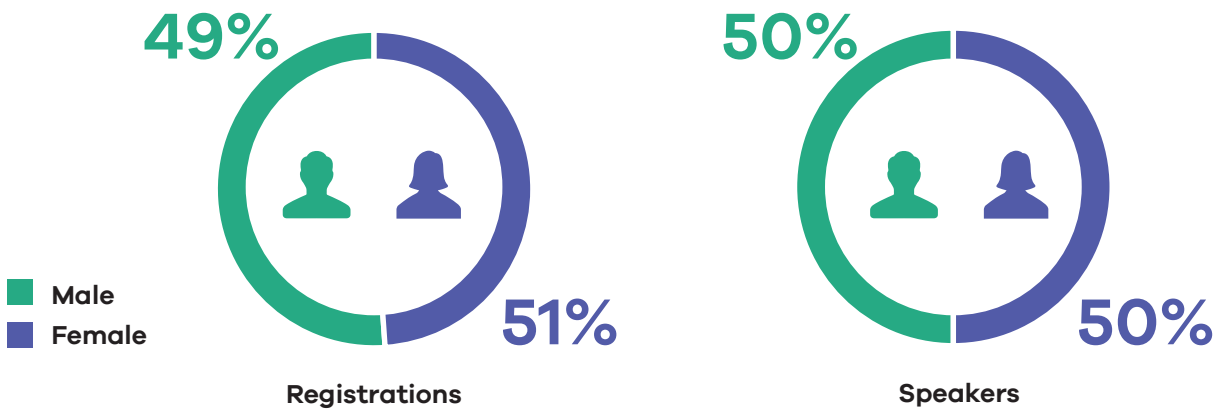


Table 1. Participation by WHO region

African Region	12.4%
Region of the Americas	10.7%
South-East Asia Region	6.5%
European Region	17.3%
Eastern Mediterranean Region	43.0%
Western Pacific Region	10.1%

Figure 4. Participation by type of actor

Government / Member State	52.5%
United Nations and international organizations	26.4%
Non-State actors	8.6%
Others / individual capacity	12.5%

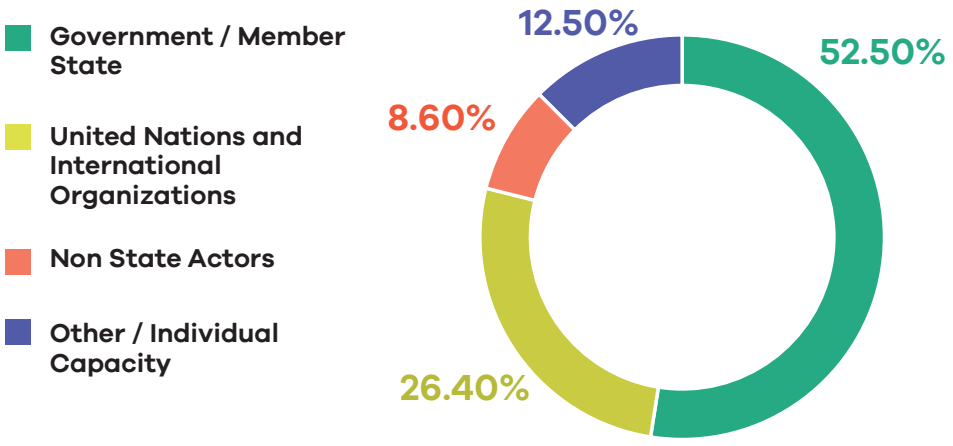


Figure 5. Member State representatives by WHO region

African Region (21)	Algeria, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Central African Republic, Eswatini, Ethiopia, Guinea-Bissau, Liberia, Mauritius, Mozambique, Nigeria, Senegal, Sierra Leone, Uganda, United Republic of Tanzania, South Sudan, Zambia, Zimbabwe
Region of the Americas (14)	Antigua and Barbuda, Barbados, Brazil, Chile, Guyana, Haiti, Honduras, Jamaica, Mexico, Paraguay, Saint Kitts and Nevis, Suriname, United States of America, Venezuela (Bolivarian Republic of)
South-East Asia Region (7)	Bangladesh, Bhutan, India, Maldives, Myanmar, Sri Lanka, Thailand
European Region (20)	Armenia, Azerbaijan, Belgium, Czech Republic, Denmark, Finland, Hungary, Italy, Malta, Montenegro, Norway, Portugal, Republic of Moldova, Russian Federation, Slovakia, Sweden, Switzerland, Turkey, Turkmenistan, Ukraine, United Kingdom of Great Britain and Northern Ireland
Eastern Mediterranean Region (19)	Afghanistan, Bahrain, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Libya (State of), Morocco, Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Syrian Arab Republic, Tunisia, United Arab Emirates, Yemen
Western Pacific Region (14)	Australia, Brunei Darussalam, Cambodia, China (People's Republic of), Kiribati, Lao People's Democratic Republic, Micronesia (Federated States of), Papua New Guinea, Philippines, Republic of Korea, Singapore, Solomon Islands, Vanuatu, Viet Nam

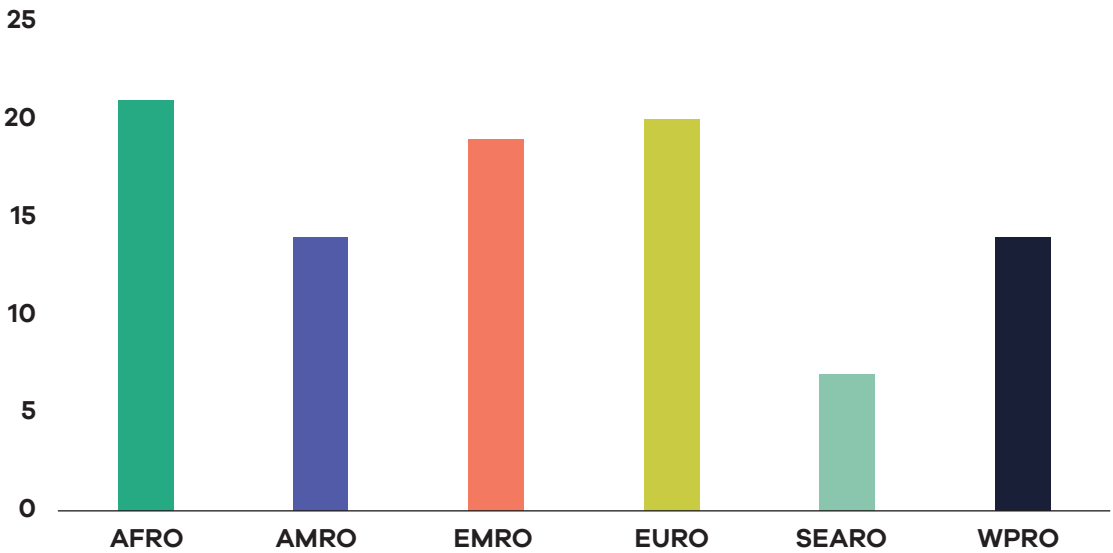


Figure 6. Participation of the United Nations and other international organizations

Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)
International Atomic Energy Agency (IAEA)
International Telecommunication Union (ITU)
Joint United Nations Programme on HIV/AIDS (UNAIDS)
United Nations Development Programme (UNDP)
United Nations Children's Fund (UNICEF)
World Food Programme (WFP)
World Health Organization (WHO)
Organization for Economic Cooperation and Development (OECD)

Non-State actor participation

WHO specifically reached out to non-State actors with a proven track record of collaboration, including academia, NGOs, professional associations, philanthropic foundations, civil society organizations and the private sector. The screening of potential participants was conducted in accordance with the rules of the WHO Framework of Engagement with Non-State Actors (FENSA). A total of 45 entities were accepted to participate and over 100 representatives attended the Global Meeting, including expert speakers who participated in their individual capacity.

1.3 Highlights of the Global Meeting

The highlights of the Global Meeting included the following.

Launch of *BMJ* special edition. The launch took place of the BMJ special edition on scalable solutions for NCD prevention and control, including environmental determinants and mental health. The edition was a result of a two-year collaboration between WHO (six regions and three levels of the Organization) and the *BMJ*.[4]

Release of High-level Commission's final report. The final report of the WHO Independent High-level Commission on NCDs was released. The official launch of the report took place in January 2020 on the margins of the WHO Executive Board meeting.[5]

Launch of *The Lancet* series. The Lancet series on the double burden of malnutrition was launched.[6]

Youth engagement. The forum involved the participation of 19 young global health leaders competitively selected through a call for engagement with youth delegates from a range of public health areas. The call resulted in more than 500 applications. The finalists were granted financial awards from WHO to support their attendance. To ensure meaningful engagement with the Global Meeting NCD community, selected youth delegates were invited as speakers in several plenary and parallel sessions as youth voices and agents for change. On the final day of the Global Meeting, WHO hosted a workshop for the youths to discuss innovative ideas that young leaders could implement in their countries. The youth representatives also met with Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, and other high-level delegates.

Walk the Talk Oman: Health for All Challenge. A physical activity event was organized by the national Ministry of Health and Ministry of Sports of Oman in collaboration with WHO. Up to 500 attendees participated in the challenge. The event included a visit to the Sultan Qaboos Sports Complex, which is a government-owned, multipurpose facility, including a football field, tennis courts and gymnasium. Participants across all age groups followed a 2-kilometre route, which involved running, a marching band, and a range of national cultural games.

High-level plenary. The high-level plenary, which took place on Tuesday, included the participation of 10 health ministers, several deputy ministers, the WHO regional directors for Europe and the Eastern Mediterranean, parliamentarians, senior delegates from ministries of foreign affairs, H.R.H. Princess Dina Mired of Jordan, United Nations agencies, and chief executive officer-level representation from non-State actors, including civil society and the private sector. The plenary session was followed by a cultural event and gala dinner, courtesy of the host.

Lunchtime seminars. The seminars complemented the programme by exploring in depth the programmatic areas that will help countries identify their priorities and implement their high-level commitments in a more coordinated way to include governments, civil society, the private sector and other national stakeholders.

4 Solutions for non-communicable disease prevention and control. The BMJ (https://www.bmj.com/NCD-solutions, accessed 10 April 2020).

5 It's time to walk the talk. WHO Independent High-level Commission on Noncommunicable Diseases: final report. Geneva: World Health Organization; 2019 (https://apps.who.int/iris/handle/10665/330023, accessed 10 April 2020).

6 The double burden of malnutrition. Lancet series, December 2019 (https://www.thelancet.com/series/double-burden-malnutrition, accessed 10 April 2020).

Release of the report of the WHO Independent High-level Commission on NCDs

During the high-level segment, the final report of the WHO Independent High-level Commission on NCDs – **It's time to walk the talk** – was released in front of more than 600 people from governments, United Nations agencies, civil society, the private sector, philanthropies and academia. The Commission was convened by Dr Tedros Adhanom Ghebreyesus, WHO Director-General, to provide advice on the formulation of bold recommendations on how to close the gap on SDG target 3.4 on NCDs. The Commission had provided recommendations for Member States, civil society and the private sector in its first report – **Time to deliver** – which was released on 1 June 2019. The second report, released at the Global Meeting, laid out a set of eight recommendations for WHO:

1. encourage Heads of State and Government to fulfil their commitment to provide strategic leadership by involving all relevant government departments, businesses, civil society groups, health professionals and people at risk from or suffering from NCDs and mental health conditions;
2. support countries in efforts to empower individuals to make healthy choices, including by ensuring that the environment is conducive to living a healthy life, and that people receive the information they need to make healthy choices;
3. encourage countries to invest in the prevention and control of NCDs and mental health conditions as a key opportunity to enhance human capital and accelerate economic growth;
4. advise countries to include services to prevent and treat NCDs and mental health as essential components of UHC;
5. ensure that no one falls into poverty because they have to pay for health care out of their own pockets, through the provision of adequate social protection for everyone;
6. increase engagement with businesses and provide technical support to Member States so they can mount effective national responses to NCDs and mental health conditions;
7. encourage governments to promote meaningful engagement with civil society;
8. advocate the establishment of a multidonor trust fund to support countries in activities to reduce NCDs and promote mental health.

The following seminars were offered during the Global Meeting:

- contribution of the WHO Framework Convention on Tobacco Control (and its Protocol to Eliminate Illicit Trade in Tobacco Products) to the broader NCD agenda;
- health literacy for preventing NCDs and enhancing mental health;
- supporting countries to scale up care for mental, neurological and substance use conditions;
- fiscal measures for health: accelerators for financing SDG responses and preventing NCDs and mental health conditions;
- civil society seminar;
- development cooperation and innovative financing for NCD prevention and treatment;
- country initiatives for suicide prevention.

Communications strategy. The Global Meeting developed and implemented an extensive communications strategy, which created a strong visual identity through branding (on site and off screen), and dynamic multilingual communication assets, such as publications, posters, inspirational videos, and a range of interactive activities, including a meeting app and the interactive zone (marketplace), which showcased WHO's global and regional portfolio of tools. In addition, national, regional and international media were engaged to produce opinion editorials and interviews for print and video broadcast. There was also extensive coverage of the Global Meeting by social media, which was driven by the WHO official channels and amplified through attending individual, organizational and institutional social media and broader communication channels. Overall, the successful communication activities were supported by a coherent and well coordinated three-level approach involving WHO headquarters, the WHO Regional Office for the Eastern Mediterranean, and the Oman country office.

02
Global Meeting: technical part

The focus of the technical part of the meeting was on leaving no one behind – achieving the WHO triple billion targets for NCDs, as outlined in the WHO Thirteenth General Programme of work 2019–2023.

2.1 Universal health coverage (UHC): 1 billion more people benefiting from UHC

Prioritizing action to ensure more people benefit from universal health coverage – building on the outcomes of the United Nations High-level Meeting on UHC

The challenge

How do we...

- *improve access to quality essential health services to address NCDs and mental disorders?*
- *reduce the number of people suffering financial hardship from NCDs and mental disorders?*
- *improve access to essential medicines, vaccines, diagnostics and devices to address NCDs and enhance mental health in primary health care?*
- *explore synergies between noncommunicable and communicable diseases at the primary care level for UHC?*

The goal of UHC is to ensure that all people irrespective of their circumstances can receive the health services they need without incurring financial difficulties and impoverishing their families.

A comprehensive definition of UHC is provided by the Political Declaration of the 2019 United Nations High-level Meeting on Universal Health Coverage, which states: "universal health coverage implies that all people have access, without discrimination, to nationally determined sets of the needed promotive, preventive, curative, rehabilitative and palliative essential health services, and essential, safe, affordable, effective and quality medicines and vaccines, while ensuring that the use of these services does not expose the users to financial hardship, with an emphasis on the poor, vulnerable, and marginalized segments of the population."[7]

Progress towards UHC is a continuous process that evolves according to shifting demographic, epidemiological and technological trends, as well as people's expectations. Governments have a responsibility for delivering on their right to health and UHC commitments as reflected in SDG target 3.8[8] of the 2030 Agenda for Sustainable Development. UHC is also a priority of the WHO Thirteenth General Programme of Work 2019–2023. However, achieving SDG targets 3.4 and 3.8 will not be possible without addressing NCDs and mental health conditions as part of national UHC efforts. Therefore, a major policy focus towards UHC should be on determining what services should be made available as part of UHC schemes to address NCDs, mental health conditions and underlying conditions.

The solutions

- Bolder political commitments and coherence of global and national policies, increased funding, and strengthened technical, legal and managerial capacities are needed to achieve UHC and SDG target 3.4 by 2030.
- UHC, as one of the SDG health targets, is critical to achieving improved levels and distribution of health and to achieving SDG target 3.4.
- Countries of different political, socioeconomic, demographic and epidemiological contexts will take different routes on the path towards UHC and health equity.
- Health systems, and particularly human workforce challenges, need to be addressed to achieve SDG targets 3.4 and 3.8.
- Moving away from out-of-pocket spending towards prepaid funding schemes is critical to achieving UHC.

7 Political Declaration of the High-level Meeting on Universal Health Coverage. Universal health coverage: moving together to build a healthier world. New York, United States: United Nations; 2019.

8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

- Expanding fiscal space to increase public spending on health is essential to ensure equity.
- A priority-setting process to design health benefit packages in low- and middle-income countries to include NCD interventions is a difficult but essential step in the right direction.
- Mental health is an integral part of UHC. No one should be denied access to mental health care because they are poor or live in remote areas.
- Given that the prevention and management of NCDs and mental disorders should take place within the framework of strengthening primary health care, primary health care should be the entry point for UHC as part of a mutually reinforcing agenda.
- The WHO technical packages to address NCDs and prevent mental health conditions provide clear and simple strategies and tools to efficiently manage and prevent NCDs in primary health care settings.
- The WHO Special Initiative for Mental Health aims to ensure that all people achieve the highest standard of mental health and well-being.
- Achieving UHC and SDG target 3.4 will require action beyond health systems, including measures to reduce health inequities by addressing the social, economic and environmental determinants of health.

Parallel session highlights

- Standardized protocols are essential for team-based care, ensuring adequate drug supply and improving supply chain mechanisms.
- Simple effective programmes (such as HEARTS) targeting priority conditions are needed to catalyse the NCD response at the primary health care level.
- National cancer control programmes and policies should integrate childhood cancer, encompassing elements of the CURE All framework.
- Engagement of all Member States and stakeholders is vital for the success of the Global Initiative for Childhood Cancer.
- Awareness of childhood cancer is a priority, as greater action is needed to lower the alarming rate of mortality caused by cancer in children.
- Addressing childhood cancer is a matter of equity. In high-income countries, the survival rate for a child with cancer is 80%, while in low- and middle-income countries it is only 20%.
- CURE All is the WHO global initiative aimed at improving quality of childhood cancer treatment and increasing prioritization of childhood cancer at national, regional and global levels.

WHO technical packages and tools

HEARTS technical package to improve cardiovascular health

CURE All framework

mhGAP to address mental health conditions and promote mental health

LIVE LIFE to prevent suicide

Suicide prevention toolkit

Toolkit for cervical cancer prevention and control programmes

Be He@lthy Be Mobile to implement mHealth programmes to prevent NCDs and risk factors

WHO initiatives

WHO Comprehensive Mental Health Action Plan 2013–2020–2030

WHO Global Initiative for Childhood Cancer

WHO Special Initiative for Mental Health

- CURE All has already been successfully implemented in several countries (Myanmar, Peru, the Philippines), and there is a planned scale-up to 25 countries by 2025.
- The experience of countries that have already implemented CURE All shows that a multisectoral approach is crucial, and best outcomes are achieved when all relevant stakeholders are continuously involved.
- Childhood cancer should be part of national cancer control programmes and policies on the path to UHC.
- Reducing premature mortality from cervical cancer will contribute to the achievement of SDG target 3.4.
- Mental health is an integral part of the 2030 Agenda as part of SDG target 3.4.
- Stigma is a major cause of discrimination and exclusion: it affects people's self-esteem, disrupts their family relationships and limits their ability to socialize and obtain housing and jobs. It hampers the prevention of mental disorders, the promotion of mental well-being, and the provision of effective treatment and care. It also contributes to the abuse of human rights.
- People living with mental disorders and their carers have long battled stigma and discrimination. The limited support for organizations of service users and carers and poor advocacy hinder the design and implementation of policies and activities sensitive to their needs and wishes.
- By 2023, WHO aims to implement a special UHC initiative on mental health to ensure access to quality and affordable mental health care for at least 100 million more people across 12 priority countries.
- The strategic interventions to achieve this mental health initiative will require US$ 60 million over five years for full implementation, based on average cost of US$ 1 million per country per year.
- Strategic actions required for implementing the special initiative include advancing mental health policies, advocacy and human rights; and scaling up interventions and services across community-based, general health and specialist settings.
- Examples of the types of services countries will implement through the special initiative include mental health care in primary health centres, community-based mental health centres, mental health units in general hospitals, day centres, mobile clinics, and outreach services for home-based support, offering evidence-based treatment, rehabilitation, care and recovery.

Country voices: innovative national response to scale-up action towards SDG target 3.4 in Afghanistan

"In Afghanistan, the emergency and adversity has provided an opportunity to strengthen the mental health care system with inclusion of mental health in the package of health services to be delivered through primary health care staff (more than 1200 primary health care doctors trained) and at secondary care level through setting up mental health units in 27 provincial hospitals and five regional hospitals. An innovation is deployment of more than 800 trained psychosocial counsellors for provision of non-pharmacological interventions at the level of the community."

Bashir Sarwari, Director, Department of Mental Health and Substance Abuse, Ministry of Public Health, Afghanistan

Monday, 9 December 2019: lunchtime session

Contribution of the WHO Framework Convention on Tobacco Control and its Protocol to the broader NCD agenda

Key messages

- Full compliance with Article 5.3 and its guidelines to prevent interference from the tobacco industry is crucial to the full implementation of the WHO Framework Convention on Tobacco Control and its Protocol.
- There are still gaps in implementation of the WHO Framework Convention on Tobacco Control at country level. A comprehensive approach to its implementation is needed, addressing both demand and supply reduction measures.
- The illicit trade in tobacco products, often linked to organized crime and corruption, is a major global concern, impacting health, public finance, and legal and economic governance. Parties to the Convention need to ratify the Protocol to Eliminate Illicit Trade in Tobacco Products in order to respond to the financial, legal and health impacts of illicit trade in tobacco products.

"I cannot think of a better tool than the WHO Framework Convention on Tobacco Control to control the tobacco epidemic. Accelerating its full implementation at country level is a key element for success in tobacco control. I am committed, our organization is committed, to keep the momentum up for tobacco control. Together we can make the difference needed in this region and we will save the lives that are taken by tobacco use every year."

Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean

"Tobacco use contributes to one third of the burden of NCDs. The WHO Framework Convention on Tobacco Control and the Protocol to Eliminate Illicit Trade in Tobacco Products are legally binding public health treaties which save lives and contribute to the global NCD agenda. Implementation of the Convention is target 3.a of the SDGs, and will contribute to target 3.4 and the other 56 targets of the SDGs. The WHO Framework Convention on Tobacco Control is the ship that will help sail the NCD agenda."

Guangyuan Liu, Coordinator, Governance and International Cooperation, Secretariat of the WHO Framework Convention on Tobacco Control

Monday, 9 December 2019: lunchtime session

Accelerating the impact of NCD interventions using health literacy: practical tools and approaches

Key messages

- Health literacy is not only about knowledge and education, but also about empowering communities to make informed health decisions. It is the demonstration of "what to do" information, which is needed if we are to meet the health-related SDGs.
- Critical health literacy thinking is needed at all levels across the system. Health literacy is providing new insights not only into who is being left behind, but also into how to develop new strategies and approaches to improve access to health services for better health outcomes.

"We don't understand the end user. That is why we continue to leave people behind. We need populations who are empowered to make choices, but also empowered to demand that organizations and government make the healthier choice the easiest choice."

Guy Fones, Adviser, Global Coordination Mechanism on NCDs, WHO

"Currently we waste billions of dollars a year on programmes that are eventually abandoned ... because they are never really developed for people on the ground. We need to think about the health literacy of people in the community who are not even coming into our services."

Richard Osborne, Director, Centre for Global Health and Equity, Swinburne University of Technology, Australia

"I would like to thank WHO for giving the opportunity to Oman to showcase our best practices with regard to NCD prevention and management and to reiterate our commitments and pledges made at the UN General Assembly Third High-level Meeting on NCD Prevention and Control on 2018."

H.E. Dr Ali Al Hinai, Undersecretary of Planning Affairs, Ministry of Health of Oman

"UHC is key to achieving elimination of cervical cancer as a public health problem."

Steven Shongwe, A/Director, NCD Cluster, WHO Regional Office for Africa, WHO

"We have a lot to share and learn from each other, and through WHO's convening and coordinating role, we can take what is discussed here to every corner of the globe, and to remote locations with under-served populations."

Akjemal Magtymova, WHO Country Representative, Oman

"The Special Initiative for Mental Health is not only about WHO working with ministries of health. It provides a compass for everybody – WHO, governments, civil society, donors and the private sector – to work on mental health reform for a range of conditions across levels of the system."

Devora Kestel, Director, Department of Mental Health and Substance Use, WHO

"Noncommunicable diseases are extremely communicable, they spread easily and are transmitted by lifestyle habits and behaviours that are influenced by corporations and social norms."

Guido Girardi, Senator and President of the Health and Future Challenges, Science, Technology and Innovation Commission, Senate of Chile, Chile

Country voices: selected examples of national innovations to scale up action towards SDG target 3.4

"Bangladesh's new mental health plan will place community clinics in a new role of creating parity between physical health and mental health – a unique platform for community-based mental health and psychosocial support services."

Saima Wazed Hossain, Chair, Shuchona Foundation, Bangladesh

"The Ministry of Health in Lebanon is supporting the creation of an independent association led by and for persons with lived experience."

Rabih El Chammay, Head, National Mental Health Programme, Ministry of Public Health, Lebanon

"Zimbabwe is scaling up Friendship Bench, a task-shifting, community-based, problem-solving therapy for mild depression and anxiety implemented by lay health workers ('grandmothers')."

Chido Madzvamutse, Deputy Director, Mental HealthServices, Ministry of Health and Child Care, Zimbabwe

"At United for Global Mental Health, we aim to help voices of people with lived experience to be heard at a national and international level."

James Sale, Policy and Advocacy Manager, United for Global Mental Health, United Kingdom

"Stigma associated with epilepsy has social, emotional and psychological consequences."

Mary Secco, Secretary-General, International Bureau for Epilepsy, Ireland

"The truth always stems from awareness. Where there is no awareness, there is no truth."

Quote from the film *Astu*, by Mohane Agashe, psychiatrist and film maker, India

> "We must promote primary health care as the most powerful vehicle for delivering essential NCD and mental health services. Our fight against NCDs can only succeed if it is part of our wider effort to achieve universal health coverage."

Menno Van Hilten, Cross-cutting Lead Strategy (NCDs), Office of the Assistant Director General, WHO

> "Bolder political commitments and coherence of global and national policies, more funding and strengthened technical, legal, and managerial capacities are needed to achieve UHC and reach SDG 3.4 by 2030."

Jill Farrington, Coordinator, Integrated Prevention and Control of NCDs, WHO Regional Office for Europe

2.2 Health emergencies: 1 billion more people better protected from health emergencies

Prioritizing action to ensure more people are protected from health emergencies, and promoting the health of refugees and migrants

The challenge

How do we ...

- *strengthen the design and implementation of policies, including for resilient health systems, to treat people living with NCDs and mental disorders in emergencies?*
- *prevent and control NCDs and promote mental health among refugees and migrants?*
- *ensure that essential lifesaving health services, including health promotion, disease prevention, and mental health and psychosocial support, as well as nutrition services, including support for exclusive breastfeeding, reach the people most in need?*

The natural and anthropogenic disasters occurring globally have a significant impact on numerous lives and livelihoods in countries of all income levels. In 2019, there were 141.7 million people in need of humanitarian assistance, with about half of them being displaced by conflict. NCDs are often neglected during and after humanitarian crises and emergency situations. People living with NCDs are more vulnerable to the health impact of emergencies.[9] Conversely, emergencies exacerbate NCDs that may have been previously undetected, often leading to acute complications and increasing the vulnerability of affected populations.

9 Noncommunicable diseases in emergencies. United Nations Interagency Task Force on NCDs and World Health Organization (http://apps.who.int/iris/bitstream/10665/204627/1/WHO_NMH_NVI_16.2_eng.pdf?ua=1, accessed 12 April 2020).

Mental disorders are of concern, as individuals and communities experiencing conflict are 3 times more likely than the general population to live with some form of mental condition, from mild depression and anxiety to psychosis. WHO estimates that in conflict settings, 22.1% of the population will have disorders such as schizophrenia, anxiety, depression, post-traumatic stress disorder and bipolar disorder.[10]

In addition, in emergency situations health systems are usually disrupted and their capacity to "promote, restore or maintain health" is compromised, resulting in their inability to provide much-needed care.

The solutions

- Greater advocacy and awareness regarding NCDs and mental disorders are needed during complex humanitarian emergencies and natural disasters.
- It is important to expand the focus in how we deal with refugees, from a single-country problem to one that is connected with the countries of transit and destination. Humanitarian actors should prioritize building countries' long-term capacities to support the NCD and mental health of refugees, migrants and the internally displaced, as well as host populations.
- Mental health and psychosocial support should be systematically integrated into emergency preparedness and disaster response plans and recovery and rebuilding mechanisms, embedded into local and national services, and linked to longer-term sustainable investments in social welfare, education and health systems, including through the implementation of UHC.
- Capacity development for health workers is essential to better manage chronic diseases and mental disorders and to deliver appropriate prevention and treatment in crisis situations.
- Many of the issues related to the health of refugees and migrants involve commitment and cooperation across multiple levels, including mental health care, physical health care, social services, education, employment, housing, and law enforcement. Multisectoral approaches should therefore be adopted to address the social and environmental determinants of NCDs, with appropriate legal and fiscal instruments to develop health-promoting environments.
- Humanitarian actors should prioritize building the long-term capacities of local government services, NGOs and community organizations to support the mental health and psychosocial needs of both displaced and host populations.
- To support good decision-making, the generation of high-quality, migrant-specific data is essential, which requires inclusion of migrant status and related information in vital statistics gathered during routine data collection.
- Cross-border collaboration can play an important role in ensuring continuous care of refugees and migrants with NCDs, and improving surrounding conditions for refugees and migrants, such as safe routes and access to health services.
- As the emergency begins to wane, funders and programme planners must put recovery strategies in place to build back better health systems and services, because the health consequences of public health emergencies are long term.

10 Charlson F, van Ommeren M, Flaxman A, Cornett J, Whiteford H, Saxena S. New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis. Lancet. 2019;394:240–8 (https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(19)30934-1.pdf, accessed 12 April 2020).

WHO technical packages and tools

NCD Emergency Kit to support treatment for chronic disease in emergency settings

Inter-Agency Standing Committee guidelines for mental health and psychosocial support in emergency settings

Psychological first aid: Guide for field workers for people in a position to help others who have experienced an extremely distressing event

mhGAP Humanitarian Intervention Guide for the clinical management of mental, neurological and substance use conditions in humanitarian emergencies

Problem Management Plus for individual psychological help for adults impaired by distress in communities exposed to adversity

Parallel session highlights

- The main concern for people affected by NCDs in emergency settings is the lack of continuity of care. A way to address this is by strengthening and scaling up the use of existing primary health care systems in emergency settings, and by avoiding building parallel systems to care for NCDs.
- The NCD kit allows countries in crisis situations to secure a set of essential medicines, supplies and equipment, thus mitigating supply chain disruption in emergency settings. The kit offers a way to bridge the humanitarian–development nexus, helping countries to prioritize an essential set of medicines and technologies for the management of the most common chronic conditions at the primary health care level, thus contributing to the progressive realization of UHC.
- An emergency kit alone does not address the various pre-existing or emergency-related gaps limiting the provision of essential services. More attention should be given to the key health system requirements (such as a trained health workforce or a coherent health information system) to ensure adequate service provision.
- Addressing NCDs and mental disorders in emergencies requires these conditions to be integrated into the existing humanitarian landscape, emergency operating frameworks and procedures across the various phases of the emergency cycle from preparedness to response and recovery.
- Emergency funding appeals and funding schemes should take into consideration NCD and mental health as part of efforts to support the preservation and restoration of essential preventive and curative health services.
- In crisis-affected communities, one person in five lives with some form of mental condition. That is 3 times more than the general population worldwide suffering from these conditions.
- Mental health and psychosocial support for affected populations can be addressed more efficiently by ensuring it is systematically integrated in preparedness (including simulation exercises) and emergency response and recovery plans, as well as linked to longer-term sustainable investments in social welfare, education and health systems, including through the implementation of universal health coverage.
- There is a need to increase focus on the mental health needs of the personnel engaged in care and service delivery in emergency settings.
- In 2019, WHO is addressing mental health in countries and territories with populations affected by large-scale emergencies across the world, in Bangladesh, Iraq, Jordan, Lebanon, Nigeria, South Sudan, Syrian Arab Republic, Turkey, Ukraine and the West Bank and Gaza Strip, among others.
- Over the last decade, in collaboration with WHO partners, WHO has developed a range of approaches to help establish and scale up psychosocial and mental health support

in emergency settings. In the Syrian Arab Republic, for example, before the conflict, there was scarcely any mental health care available outside the mental hospitals in Aleppo and Damascus. Now, thanks to a growing recognition of the need for support and to the availability of humanitarian aid, mental health and psychosocial support has been introduced in primary and secondary health facilities, in community and women's centres, and in school-based programmes.

- All countries have an obligation to invest in mental health. It is particularly important in conflict situations where the rate of mental health conditions is more than double that among people living in peaceful situations.
- There is a need to further develop standards, normative guidance, tools and service packages for NCD management in emergencies, drawing on and taking stock of current and past humanitarian responses. The kit revision needs to draw on those experiences.
- Accountability frameworks and indicators should be developed to monitor, evaluate and report on the performance of the NCD and mental health-related emergency response.
- There is a need to increase focus on the mental health needs of the personnel engaged in care and service delivery in emergency settings.
- Migration is a social determinant of health. The health status of refugees and migrants is shaped by their surrounding conditions in the place of origin, during transit, and in host communities. The conditions often experienced by refugees and migrants – restrictive migration policies, uncertain legal status, economic hardship and anti-migrant sentiments – increase their health inequities and NCD burden.
- Migrants are not a homogeneous group, and discerning the health status of these populations is difficult.
- There can be no achievement of SDG target 3.4 or UHC without refugee and migrant health.
- Vulnerable and marginalized populations carry inequitable burdens of tuberculosis (TB) and NCDs. In addition, conditions such as diabetes, malnutrition, tobacco use, and harmful use of drugs and alcohol are key drivers of TB incidence, and around 40% of TB patients suffer from mental illness. These co-morbidities have a bidirectional impact on one another, leading to poor treatment outcomes and risk of death. For these reasons, TB, NCDs and mental illness cannot be addressed in silos.
- The most vulnerable and at-risk populations face major barriers in accessing quality health care and other services due to socio-political, cultural, gender-related and legal barriers, as well as direct violations of their human rights. These barriers include discrimination, stigma, marginalization and catastrophic economic costs.
- Key enablers and opportunities for integration include a strong government commitment at the highest levels, a robust primary health care system, and civil society and NGO engagement, particularly for the most vulnerable.
- It is also critical that programmes work together to strengthen multisectoral engagement and to build a case for investment by ministries of finance to reduce the common determinants of diseases and to build the necessary primary health care platform for quality-assured, patient-centred service delivery.
- Ministries of health should be empowered to work across sectors, including with other ministries such as justice, social welfare, labour, the interior and finance, as well as civil society and communities.

"Important progress in fighting NCDs was made in the first decade of the 21st century. The momentum of change has dwindled in the second decade. Diabetes mortality rates have even increased. I am sure that this second global meeting for national NCD Directors will make an enormous difference due to its focus on the implementation challenges and the spirit of partnerships across sectors."

Bente Mikkelsen, Director, Division of Noncommunicable Diseases and Promoting Health through the Life-Course, WHO Regional Office for Europe

"With the large proportion of migrants in several Member States, the global quest to achieve NCD targets cannot be realized without tackling NCDs in migrants."

Charles Agyemang, Professor of Global Migration, Ethnicity and Health, Academic Medical Centre, University of Amsterdam, and Vice-President, Migration Section, European Public Health Association, Netherlands

"Medical guidelines on management and monitoring of chronic diseases are set up for stable times and not for emergencies."

Rana Hajjeh, Deputy Regional Director, WHO Regional Office for the Eastern Mediterranean

"We need to address short-term and long-term implications of refugee and migrant health. We cannot get stuck on an emergency type of approach. Promote primary health care integrative service inclusive of migrant and refugees. Invest in knowledge sharing. There is no UHC without migrant and refugee health."

Santino Severoni, Special Adviser, Migration and Health Programmes, WHO Regional Office for Europe

Country voices: selected examples of national responses to scale up action to achieve SDG target 3.4

"Iraq successfully completed in 2019 a national assessment of mental health and psychosocial support services integration into primary health care, which involved more than 600 centres."

Zaid Alkubaisi, Director, Integration Unit, Ministry of Health, Iraq

"The WHO Regional Office for South-East Asia is actively engaged in building the capacity of 100% of mental health focal points at ministries of health in the region on mental health and psychosocial support preparedness."

Nazneen Anwar, Regional Adviser, Mental Health, WHO Regional Office for South-East Asia

"Syria successfully integrated mental health into primary health care in more than 30% of functioning primary health care facilities in more than 10 Syrian cities."

Amal Shakko, Director, Mental Health Directorate, Ministry of Health, Syrian Arab Republic

"Nigeria, has developed, with WHO support, a strategic framework for Borno state in the north-east of the country to scale up mental health and psychosocial support to cope with emerging needs of the displaced population."

Florence Baingana, Consultant, NCDs, WHO Regional Office for Africa

2.3 Healthier populations: 1 billion more people enjoying better health and well-being

Preventing NCDs through healthier environments and lifestyles

The challenge

How do we ...

- *reduce risk factors for NCDs and mental health conditions through multisectoral action?*
- *promote healthy settings and Health in All Policies?*
- *address the underlying social, economic and environmental determinants of NCDs and the impact of economic, commercial and market factors?*
- *strengthen monitoring, surveillance and accountability systems for NCDs?*

The number of people enjoying better health and well-being is a composite estimate derived from adding multiple SDG targets. The estimates will consider action to meet the SDG health targets during the period 2019–2023 (consistent with the lifespan of the WHO Thirteenth General Programme of Work) compared to the "no intervention" scenarios. The goal is to stimulate multistakeholder action for health to achieve SDG 3 of the 2030 Agenda and the targets of the WHO Programme of Work.

Key behavioural pathways leading to NCDs and jeopardizing the achievement of SDG target 3.4 have long been identified. Frequently, the focus in NCD prevention has been on improving diet, reducing smoking prevalence and harmful use of alcohol, and increasing physical activity, as well as managing conditions following diagnosis. Much of this work is within the remit of public health and health professionals. However, as low- and middle-income countries strive to address NCDs and mental disorders as a major threat to sustainable development, a social determinants approach is increasingly highlighted as one of the important focus areas due to its relevance to all sectors.

Without good data, evidence-based public health decisions and interventions cannot be made. Lack of data, as well as low-quality data and data inconsistencies between sources due to different methodologies of data gathering, synthesis and reporting, complicates the monitoring of NCD risk factors and disease surveillance. Therefore, countries need guidance on how to strengthen their data collection and health information systems.

The WHO STEPwise approach to noncommunicable disease risk factor surveillance (STEPS) is an excellent tool to scan the major NCD risk factors in countries. The scope of NCDs and their risk factors is too broad to be comprehensively covered in a single survey, but over time countries build their capacities to generate surveillance data for major established NCDs to complement STEPS with other data sources.

The recognition of air pollution as one of the five NCD risk factors at the third United Nations High-level Meeting on the Prevention and Control of NCDs in 2018 has elevated the issue on the political agenda as a matter of global health, gender, equity and development. Air pollution is responsible for an estimated 7 million premature deaths globally. Nine out of 10 people breath air containing high levels of pollutants. Nearly 90% of pollution-related deaths take place in low- and middle-income countries, mainly in Africa and Asia, followed by low- and middle-income countries in the WHO regions of the Americas, Europe and the Eastern Mediterranean.[11]

Although there is a growing understanding of the close link between health and the environment, the effect of the environment on NCDs is not sufficiently considered in policies across sectors. Coordinated multisectoral action is needed for the prevention of environmental pollution and harmful chemicals affecting human health, especially the health of vulnerable populations, such as children, the elderly, the poor, migrants and other marginalized and vulnerable groups.

11 9 out of 10 people worldwide breathe polluted air, but more countries are taking action. News release, 2 May 2018. Geneva: World Health Organization (https://www.who.int/news-room/detail/02–05–2018–9-out-of-10-people-worldwide-breathe-polluted-air-but-more-countries-are-taking-action).

The solutions

- The way that NCDs are presented in terms of their influence on nations' competitiveness, productivity and security needs to be reframed. Addressing NCDs could be an opportunity for economic development, as risk factors are influenced by many commercial interests.
- Pollution mitigation should be integrated into planning processes for NCDs.
- WHO should focus not only on health-related SDGs but also on support for regional and global intersectoral platforms outside the health sector. This includes working in settings in which people live and work, built environments and food systems.
- Timely information on mortality, morbidity, and risk factors and their socioeconomic determinants is a necessary prerequisite for effective planning, implementation and evaluation of national NCD programmes.
- Creation of multisectoral and multistakeholder partnerships and initiatives can leverage shared values to incentivize government, the private sector and civil society to work together to address NCDs, control pollution and enhance mental health.
- Monitoring and evaluation is especially important for NCDs in order to assess and monitor progress towards achieving targets. The WHO Global Monitoring Framework for Noncommunicable Diseases has over 25 outcome indicators to monitor and track progress towards achieving NCD global targets. The framework revolves around three pillars: outcome (mortality and morbidity), exposure to risk factors, and national health care system response.

WHO technical packages and tools

MPOWER to reduce tobacco use

SAFER to reduce harmful use of alcohol

SHAKE to reduce salt intake

STEPwise approach to surveillance

REPLACE to eliminate industrially produced trans fatty acids from the food supply

ACTIVE to promote physical activity

INSPIRE to reduce violence against children

SAVE LIVES to reduce road traffic deaths and injuries

CHEST to promote clean and safe interventions in the home

WHO Global Monitoring Framework to enable global tracking of progess in preventing and controlling major noncommunicable diseases and their key risk factors

WHO initiatives

WHO Framework Convention on Tobacco Control

Country voices: national innovation to scale up action towards SDG target 3.4 in Pakistan

Professor Atif Rahman highlighted the need for advocacy and engagement with political leadership at the highest level to promote mental health and prevent mental disorders. He gave the example of Pakistan, where, in line with the recommendations of the Lancet Commission on Global Mental Health and Sustainable Development, Pakistan's President Arif Alvi launched the President's Programme to Promote Mental Health on 10 October 2019. The programme emphasizes the role of early-life interventions that promote mental health and prevent mental illness and calls for a phased implementation of the WHO Thinking Healthy Programme by community health workers, targeting high-risk mothers in low-resource settings. A School Mental Health Programme is part of the initiative. The programme incorporates online training, technology-assisted delivery tools and self-help apps to circumvent the hurdle of lack of specialists and scale up delivery in low-resource settings without incurring significant costs.

Parallel session highlights

- Air pollution is a global issue that concerns 91% of the world. It affects populations in every region and in every setting, and of any age or socioeconomic status.
- Ambient and household air pollution is the second leading cause of NCDs.
- Identifying the sources of air pollution is the first key step to choosing the most effective sectoral interventions.
- Solutions exist but they require multisectoral action (in such areas as energy, land use planning and agriculture) and a mechanism coordinating the different levels of government (local and national, but also regional and international levels).
- Evidence-based interventions are available, and WHO is working towards putting them together in high-impact packages for implementation at national and subnational levels.
- Implementation of NCD risk factor reduction strategies calls for increased political commitment, improved regulatory infrastructure and adequate human workforce capacities with clear financial budgeting.
- NCD surveillance is a key component of broader NCD prevention and control strategies and programmes.
- Periodic and representative data are crucial for setting baselines and monitoring progress in NCD control and achieving national and global targets, including the WHO triple billion targets.
- Less than 40 countries have recent and comprehensive data on key NCD risk factors for both adults and youths.
- Sustained monitoring of NCD risk factors is a challenge for many low- and middle-income countries.
- WHO has the technical capacity and tools to assist countries to undertake population-based monitoring of key NCD risk factors.
- Strengthening data on NCD morbidity and mortality is also critical. WHO has tools and technical assistance available to scale up surveillance systems and improve patient and programme monitoring for NCDs.
- Comprehensive and aligned policies are needed for food system transformation.
- WHO and Member States are considering policy solutions to reduce disease risk associated with unhealthy diets, which has become the main risk factor for the global burden of disease.
- WHO recommendations include discouraging the consumption of sugary drinks through taxation, curbing the marketing of foods to children, better informing consumers with clear interpretive nutrition labelling, working with the food industry on product reformulation, and establishing school food policies and programmes. Examples of such policies come from Saudi Arabia (elimination of trans fatty acids), Finland (reduction of salt intake), and the Philippines (taxation of sugar-sweetened beverages).

Monday, 9 December 2019: lunchtime session

Supporting countries to scale up care for mental, neurological and substance use disorders

"The WHO Regional Office for the Eastern Mediterranean developed and successfully implemented a full school mental health package comprising a school mental health manual, handouts, lectures and PowerPoint presentations, case studies and exercises for participants, as well as monitoring and evaluation tools."

Khalid Saeed, Regional Adviser, Mental Health andNeurological Disorder, WHO Regional Office for the Eastern Mediterranean

"mhGAP involves a package of tools, available in several languages, including an intervention guide, training materials, operations manual, a range of psychological interventions, and a community toolkit. The mhGAP intervention guide is a clinical decision-making tool, for general health workers non-specialized in mental health, targeting priority mental health conditions."

Devora Kestel, Director, Department of Mental Health and Substance Use, WHO

"The Pan American Health Organization launched a Caribbean awareness and communication campaign – Stronger Together – to increase mental health resilience to natural hazards."

Claudina Cayetano, Adviser, Mental Health, WHO Regional Office for the Americas

Tuesday, 10 December 2019: lunchtime session

Fiscal measures for health: accelerators for financing SDG responses and preventing NCDs

Key messages

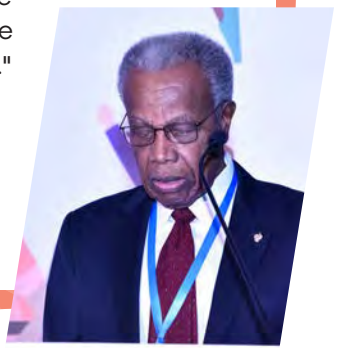
- Health taxes are very effective yet underutilized policy tools to achieve SDG target 3.4. They should be fully used as accelerators to prevent NCDs and to finance SDG responses.
- Health taxes can be triple-win solutions for improving public health, promoting health equity, and enhancing domestic resource mobilization. Raising excise taxes on tobacco, alcohol and sugar-sweetened beverages not only reduces consumption and health care costs, but also generates additional government revenue.
- Taxation works best if implemented as part of a comprehensive package (for example, MPOWER to reduce tobacco use).

"The word 'taxation' is usually accompanied with negative public reaction. That is why it is very important to strategically frame the messaging when it comes to implementation of so-called sin taxes on the products that harm us. One brilliant example of this is the Philippines. Their taxation on tobacco was strategically named the 'anti-cancer tax'. This linked tobacco harm with cancer, raised public awareness and spurred public action all in one go."

Princess Dina Mired of Jordan, President, Union for International Cancer Control

"I recognize the importance of the NCD mortality data, but we must also give attention to those living with NCDs."

Sir George Alleyne, Director Emeritus, WHO Regional Office for the Americas



"Health taxes work! Political will at the highest levels is needed to counter powerful industry and vested interests."

Jeremias Paul Jr, Coordinator, Tobacco Control Economics, WHO

"Alcohol consumption has been linked with more than 200 types of injuries and diseases. SAFER is helping to implement constructive alcohol policy with a focus on the 5 most cost effective interventions".

Dag Rakve, Senior Technical Officer, Alcohol, Drugs and Addictive Behaviours, WHO

"It is important to understand that politicians are interested in short-term successes to be reelected. The outcome will largely depend on whether public health and practice can approach and win over political decision-makers, to get commitment for NCD prevention and control."

Mihaly Kokeny, former Minister of Health, Hungary , Senior Fellow, The Graduate Institute, Global Health Centre, Switzerland

"Air pollution is an important risk factor for developing NCDs. Air pollution contributes significantly to health inequities, and those who are the most vulnerable (that is, those who are socially and economically excluded) tend to live in highly polluted areas."

Piroska Ostlin, A/Regional Director, WHO Regional Office for Europe

"Air pollution is linked to 7 million premature deaths. This gives us 7 million good reasons to tackle air pollution."

Nathalie Roebbel, Coordinator, Air Pollution and Urban Health, WHO

"Civil society should demand that governments implement the policies that are known to prevent and reduce NCDs, such as the WHO best buys."

José Luis Castro, President and Chief Executive Officer, Vital Strategies, United States of America

"When ministries of health or governments don't dedicate funds for surveillance, it's like buying a ship for 5 million dollars and not spending 5000 dollars for the fuel."

Farshad Farzadfar, Chairperson, Noncommunicable Diseases Research Centre, Endocrinology and Metabolism Research Institute, Teheran University of Medical Services, Islamic Republic of Iran

High-level ministerial plenary

The world is seeing the first promising signs in terms of improved national responses to tackle NCDs and enhance mental health. However, overall progress remains insufficient if countries are to reach SDG target 3.4 by 2030. The high-level plenary gathered national ministers of health along with senior leaders of international organizations and non-State actors to discuss innovative feasible solutions to scale up action against NCDs through whole-of-government and whole-of-society approaches.

Key messages

- WHO's investment case for NCDs is clear: a 15% reduction in premature mortality could be achieved by implementing 16 WHO best buys for NCDs in low- and lower middle-income countries alone. This will save almost 10 million premature deaths from NCDs by 2025 and generate US$ 350 billion in economic growth between now and 2030. In addition, every US$ 1 invested in the WHO best buys will yield a return of at least US$ 7 by 2030.
- Despite the first promising signs at global level of improved health outcomes for NCDs, overall global progress remains insufficient. At current rates, an estimated 40–50 countries are on track to reach SDG target 3.4 by 2030, and an additional 50 countries will only need to slightly intensify their efforts. However, other countries need to significantly scale up their efforts during the next three to five years if they are to attain SDG target 3.4.
- There is also an urgent need to scale up service provision and care to promote mental health and well-being. Each year, 800 000 people die from suicide, with 80% of those deaths occurring in developing countries. Suicide mortality rate is an indicator of SDG target 3.4.
- In 2018, Heads of State and Government committed to provide strategic leadership for NCD responses by promoting policy coherence and coordination for the development of whole-of-government, Health in All Policies approaches and for the engagement of stakeholders in whole-of-society action, including through the establishment of national multisectoral and multistakeholder mechanisms.

- There is no UHC without addressing NCDs and mental health conditions. Countries need to ensure NCDs and mental health are essential components of UHC and affordable health services for all.
- Governments can generate revenue streams for health by implementing the three main fiscal measures recommended by WHO. These fiscal measures are highly effective, but political will is needed to counter powerful vested interests against them.
- Meaningful civil society participation is critical to raise awareness, monitor progress, and counteract discrimination and human rights violations, especially for people living with NCDs and mental disorders and other mental health conditions.
- Engagements with the private sector that are guided by national public health interests, and effectively address industry interference and manage conflicts of interest, are a valuable contribution to the implementation of national responses to NCDs and mental health.
- Entities of the broader United Nations system should enhance their actions to support the implementation of national NCD and mental health priorities, including through existing tools and platforms, such as the United Nations Interagency Task Force (UNIATF), for multistakeholder engagement and dialogue.

High-level plenary quotes

"We are now able to enforce labelling and advertising and marketing bans related to both breast milk substitutes and other unhealthy foods and beverages targeted at children."

Abdulla Ameen, Minister of Health, Maldives

"Every premature NCD death is an indicator of the health system's performance."

Kenan Hrapovic, Minister of Health, Montenegro

"Physicians have a role to play in health promotion and diseases prevention to the general public, besides providing good quality care for patients in medical services."

Miguel R. Jorge, President, World Medical Association

"End the discriminatory language around NCDs – as a person living with NCDs I feel highly stigmatized and discriminated against every time I hear my illnesses referred to as 'lifestyle diseases'. This tag suggests that I chose to acquire these life-threatening diseases due to my poor personal choices."

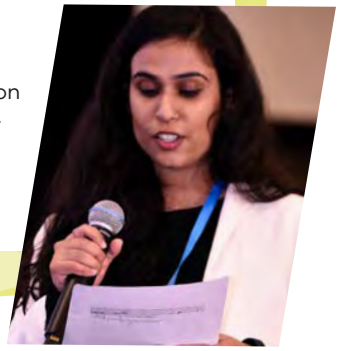
Kwanele Asante-Shongwe, African Organization of Research and Training in Cancer, South Africa

"Mobile phones and mobile networks cover more than 95% of the world's population. As a way to reach out to nearly everyone on the planet, ITU and WHO created the ITU–WHO mHealth for NCD initiative, known as Be He@lthy, Be Mobile, to deliver advice to millions through their mobile phones."

Ebrahim Al-Haddad, Regional Director for Arab States, International Telecommunication Union, Switzerland

"I come from a nation where 28% of the total population are youths, the largest in the world. In fact, the global youth population (15–24 years) is projected to rise to 1.4 billion by 2050. But it is unfortunate that, out of 73% of total deaths occurring due to NCDs in the world, a quarter occur at a young age."

Aastha Chugh, Youth Delegate, Dental Surgeon and Research Assistant, HRIDAY, India



"There is emerging evidence that the brands that are integrating sustainability into business strategy are delivering superior shareholder returns too. Health and nutrition are today boardroom issues."

Rocco Renaldi, Secretary-General, International Food and Beverage Alliance

"The Lebanese health care system is well known for its resilience and ability of absorb shocks ... One of the key health system initiatives that was at the heart of the resilience and progress has been investment in noncommunicable disease management and prevention."

Jamil Jabak, Minister of Public Health, Lebanon

"Members of parliament have to make sure that the additionally mobilized resources will increase the funds invested in health. Technical or political earmarking of the additional tax revenue towards health or health determinants enhances the political acceptability of tax increases for tobacco and unhealthy products."

Oxana Domenti, Permanent Representative of the Republic of Moldova to the United Nations and Specialized Institution at Geneva, Switzerland

"To address NCDs, all countries must also ensure they have the proper health care infrastructure, a workforce trained to administer primary care, and a consistent supply chain that gets drugs and medical devices to the end users. These challenges cannot be solved solely by donor countries but instead require engagement from individual countries, NGOs, and the private sector."

Eric D. Hargan, Deputy Secretary, Department of Health and Human Services, United States of America

"Partnerships help government implement policy by resource mobilization and funding."

Chioni Siwo, National Coordinator for Mental Health, Ministry of Health, Zambia

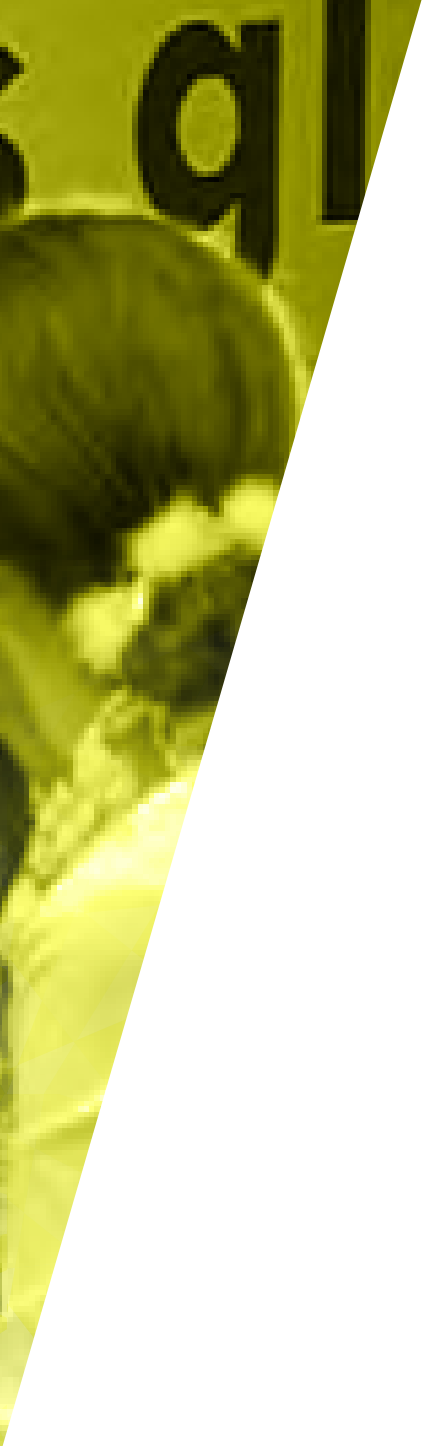
"The way to improve access to medicines, quality generics as well as innovative drugs, is to ensure that they reach the patients and create conditions which allow for differential pricing to make innovative medicines more affordable and accessible in low- and middle-income countries."

Thomas Cueni, Director-General, International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), Switzerland

"The Ministry of Health established the Liberia Non-Communicable Disease and Injury (NCDI) Poverty Commission in January 2017. The objectives of the Liberia NCDI Poverty Commission were to explore and quantify the burden of NCDIs (particularly in relation to poverty) and current service availability and to propose an expanded list of priority NCDIs and interventions that could have a favourable impact on the health and economy of Liberia."

Wilhemina S. Jallah, Minister of Health, Liberia


icable diseases



03

Global multistakeholder partners' forum

Sustainable development requires mutually supportive policies across all three dimensions of development – economic, social and environmental. Fragmentation of programmatic, policy and financing priorities in health is a source of both inequities and inefficiencies in international development agendas.

As nations strive to achieve the interlinked and ambitious goals of the 2030 Agenda for Sustainable Development in a balanced manner, there is growing realization of the need for strong governance and accountability frameworks. Coherent action and close coordination are required at all levels of government, as well as across all stakeholders, including NGOs, civil society, academia, and the private sector, for better leveraging the shared gains across the continuum of health. In addition, as countries face significant coordination issues when dealing with multiple international partners, each with its own mandate and priorities, greater collaboration and more coherent approaches are required among United Nations agencies and other global health organizations to help countries tackle the complex challenges of the 2030 Agenda.

3.1 Collaborative governance and accountability for multisectoral and multistakeholder action to accelerate NCD responses

The challenge

How do we ...

- *enhance policy coherence among government health and non-health agencies to scale up the NCD best buy interventions?*
- *engage non-State actors to collaborate towards preventing and controlling NCDs and mental health conditions?*
- *best utilize WHO and the broader United Nations system capabilities to strengthen engagement, advocacy and support for multisectoral and multistakeholder action?*

Governance and leadership are the main building blocks of health systems.[12] Governance refers to institutional arrangements and management processes to set the overall direction through policy development and planning, as well as coordination mechanisms. Effective governance for NCDs at the national level requires multisectoral and multistakeholder cooperation and coalitions to catalyse political action and help translate high-level NCD commitments into actionable national plans, strategies and programmes.

The WHO Independent High-level Commission on NCDs defined a *multisectoral* approach as the Health in All Policies, whole-of-government and intersectoral or cross-sectoral action for policy coherence and a coordinated public sector response to the NCD challenge. In contrast, *multistakeholder* approaches refer to whole-of-society action, including both governments and non-State actors. According to the WHO Framework of Engagement with

12 Everybody's business: strengthening health systems to improve health outcomes: WHO's framework for action. Geneva: World Health Organization; 2007.

Non-State Actors (FENSA),[13] the main categories of non-State actors are NGOs, philanthropic foundations, academic institutions and the private sector.

Scaling up national responses to address NCDs, mental health and environmental pollution (the five-by-five approach) will require building national capacities to increase institutional recognition of NCDs, and acknowledgement of the need for multisectoral action through the establishment of high-level coordination mechanisms.

Multistakeholder collaboration and partnerships, when appropriate, will allow governments and non-State actors to pool their resources – financial, technical and human – with a mutually shared goal of bringing heightened and focused attention to NCD prevention and control. Partnerships may also become an important consolidator and disseminator of knowledge and information.

The solutions

- A Health in All Policies approach confirms that health is the most important aspect of our well-being. Therefore, all government ministries should be part of multisectoral cooperation. The question should be not how other sectors can help health, but how health can help other sectors to reach their outcomes.
- Strong leadership at the highest level across health, government and society is needed to develop national multisectoral and multistakeholder plans of action, and build local capacities for financial, human and regulatory change. Establishing national coordination mechanisms at the highest level is a good start.
- Well-coordinated multisectoral and multistakeholder collaborative efforts have great potential to accelerate change and amplify impact.
- A simple phased approach to scaling up NCD interventions needs to encompass planning, implementation and accountability.
- The resources to strengthen institutional capacity to respond to NCDs should target NCD-specific units in ministries of health, as well as sectorwide organizational units, to build their capacity to address NCD-related requirements in human workforce planning, health financing, and health information systems.
- Recognizing the complex multidisciplinary nature of interventions to address NCDs, Member States need to increase investments in implementation research for guidance on how to adopt and adapt, implement, and evaluate evidence-based interventions based on their unique contexts.
- NCDs need to be better integrated across the life-course, communicable diseases, and mental health at the primary health care level.

Parallel session highlights

- Fiscal measures for health are potential accelerators for NCD prevention and financing SDG responses, particularly in low- and middle-income countries. These are triple-win interventions that benefit public health, equity and domestic revenue generation.
- The economic returns of investing in NCD prevention and management vastly outweigh the costs: on average, every US$ 1 invested in the WHO best buys will yield a return of at least US$ 7 by 2030. MPOWER measures, particularly increasing tobacco taxes, are the most cost-effective tools for attaining the NCD target. Increasing alcohol taxes is the most promising revenue source.
- Promoting multisectoral coordination and multistakeholder dialogue at national level is a crucial way to address NCD risk factors and determinants and advance the implementation of NCD and mental health national priorities.
- The establishment of permanent multisectoral or multistakeholder mechanisms has been very challenging, despite strong political calls for their implementation.

13 Framework of Engagement with Non-State Actors. WHA69.10, Sixty-ninth World Health Assembly. Geneva: World Health Organization; 2016 (http://apps.who.int/gb/ebwha/pdf_files/wha69/a69_r10-en.pdf, accessed 13 April 2020).

- A framework of engagement with the private sector has to be adapted to the national context, and must be implemented in a way that avoids industry interference, which may promote products and choices that are detrimental to health.
- Lessons learned from investment cases should be shared at country level.
- Ministries of health and finance should be well aligned in terms of their understanding of economic arguments from the investment cases to advance health through improved policy-making.
- Discussions should take place on the best ways forward in strengthening multisectoral action aligned with the Global Action Plan for Healthy Lives and Well-being for All (SDG 3 Global Action Plan), with a focus on achieving SDG target 3.4.
- Reduction of consumption of health-harming products can be achieved at country level through taxation and regulation.
- Action is needed to protect policy-making and taxation of health-harming products from industry interference.
- Examples should be provided of strengthened collaboration and commitment among national entities, United Nations agencies and non-State actors.
- Strengthening the health system response to NCDs is critical to achieving UHC and SDG target 3.4.
- Evidence-based, cost-effective interventions for NCD prevention and control are available, but implementation is challenging and uneven between and within countries, particularly in low- and middle-income countries.
- There is a need to look through a health system lens when developing a research agenda, as many NCD interventions occur at the intersection of individual health services and population-based public health interventions, with implications for the core function of service delivery, as well as upstream challenges in policy-making and systems reform.
- Implementation research is key to supporting health system transformation to achieve both UHC and SDG target 3.4. It works by providing a useful set of theories, approaches and tools to turn the WHO best buys and other recommended interventions into implemented programmes.
- Moving evidence-based interventions, such as the WHO best buys for NCDs, into policy and practice may look different in each Member State, as contextual factors need to be incorporated into the design of interventions and implementation processes.

Thursday, 12 December 2019: lunchtime session

Country initiatives for suicide prevention

Key messages

- Suicides are preventable. For national responses to be effective, a comprehensive, multisectoral suicide prevention strategy is needed.
- Health care services need to incorporate suicide prevention as a core component. Early identification and effective management of mental disorders are key to ensuring that people receive the care they need.

> "In the Islamic Republic of Iran there is successful integration of a suicide prevention programme into the primary health care system; it currently has national coverage."
>
> Ahmad Hajebi, Director General, Department for Mental Health and Substance Abuse Prevention, Ministry of Health and Medical Education, Islamic Republic of Iran

> "Moldova is planning to scale up youth-friendly health services. Currently there are 41 youth-friendly health centres, which have an integrated and multidisciplinary approach to promoting and assisting the health of adolescents and youths."
>
> Jana Chihai, Coordinator of National Mental Health Programme, Ministry of Health, Labour and Social Protection, Republic of Moldova

"WHO is working hard to provide the platforms and tools to make sure NCDs stay high on political, health and development agendas. To accomplish this, we are always looking for new ways of collaboration and engagement with relevant partners across sectors."

Svetlana Akselrod, Director, Global NCD Platform, WHO

"We need to take accountability more seriously. It is often an afterthought. What accountability and recourse mechanisms are there to ensure that commitments are not swept under the carpet and are actually delivered by governments?"

Katie Dain, CEO, NCD Alliance

"We need to focus on writing the health policies in a different way to engage all sectors."

Christian Franz, Co-founder, CPC Analytics, Germany

"Don't speak about the private sector as one homogenous player. It is a huge mistake made by the public health sector."

Rob Moodie, Deputy Head and Professor of Public Health, Melbourne School of Population and Global Health and Professor of Public Health, University of Malawi, Australia / Malawi

"The urgency on climate change is clear: people are marching for it. This is certainly not the case for NCDs. We need more action."

Tural Gulu, Head, Statistics Division, State Agency on Mandatory Health Insurance, Azerbaijan

"Best buys should be like the lighthouse that guides you, but we need to broaden our thinking and consider other opportunities and types of interventions."

João Joaquim Rodrigues da Silva Breda, Head, WHO European Office for Prevention and Control of NCDs,

"We don't need to train only a new generation of policy-makers but the entire health workforce, including physicians and nurses for NCDs."

Viktoria Madianova, Director, International Department of the Institute for leadership and health management, Sechenov First Moscow State Medical University, Russian Federation

"Over the next 50 years, we could say: prevent over 50 million premature deaths and raise 20.5 trillion tax dollars, with tax increases on tobacco, alcohol, and sugary beverages."

Elfatih Abdelraheem, Team Leader: HIV, Health and Development , UNDP, Sudan

Wednesday, 11 December 2019: lunchtime session

Development cooperation and innovative financing for NCD prevention and treatment

Key messages

- Public resources alone will not be enough to overcome the NCD challenge. Innovative financing mechanisms, such as the multipartner trust fund, are recommended to catalyse national NCD responses.
- Development cooperation should align and leverage domestic and external resources to match the country needs and priorities to achieve SDG target 3.4.

"A basic benefits package costs USD 90 per person per year. Many countries cannot afford this – only nine middle-income countries can afford the full package, and no low-income country can afford it. Therefore, there is an important role for donors and we need to be very smart about identifying what development assistance should be for."

Rachel Nugent, Vice-President, Global Noncommunicable Diseases, RTI, United States of America

"Responding to NCDs and mental health requires stronger legislative, fiscal and regulatory action – and increases in domestic financing. Countries are calling for international support to catalyze this. The UN NCD Task Force is therefore launching a Multi-Partner Trust Fund to support countries scale up action."

Nick Banatvala, Head of Secretariat, UN Interagency Taskforce on Prevention and Control of NCDs

3.2 Global multistakeholder partnerships: innovative solutions

The challenge

How do we...

- *mobilize society to implement innovative solutions for NCDs and mental disorders that include the entire spectrum of services from prevention and treatment to rehabilitation and palliation?*
- *use evidence to support policy decisions on funding best buy interventions for NCDs within and outside the health sector?*
- *hold decision-makers accountable for the whole-of-society approach to NCDs that they committed to in several high-level political declarations?*

The focus on innovative solutions explored key thematic areas that require multisectoral and multistakeholder cooperation at both global and country levels. More specifically, the forum sessions proposed recommendations on how to overcome implementation challenges in different contexts, given the local governance structure and actors involved. The need for intersectoral leadership and civil society mobilization and partnerships beyond the health sector was also emphasized. The SDG framework was considered relevant, as the SDGs include not only the NCD-specific targets, but also the targets for other areas and sectors directly influencing the NCD burden and SDG 17 on global partnership.

The sessions explored a number of themes, including challenges related to the value and role of digital health in addressing NCDs as part of national health systems; effective public–private partnerships in e-health; the need for technically competent staff at all levels; legal and policy issues and the value of data management; the role of e-learning for improved health literacy; urban health initiatives to catalyse change at city level; social, environmental and economic determinants of NCDs; costing UHC packages for financing NCD prevention and treatment and enhanced mental health for equity; country investment cases to scale up action against NCDs; the role of faith-based organizations; and implementation research to address the bottlenecks in translating high-level political commitments into country-level policies and programmes.

As part of the exploration of innovative approaches, WHO and the *BMJ* launched a special edition on NCD solutions, bringing together global experts from academia, civil society, the private sector and United Nations organizations, to provide the latest evidence on NCD responses at national, regional and global levels from multiple perspectives. The collection was guided by a guest expert multistakeholder editorial board and is featured in full open access.[14]

The articles in this series covered the accelerators of the Global Action Plan for Healthy Lives and Well-being for All from the NCD perspective, such as sustainable financing and partnership building, integration of NCDs into primary care, implementation research, community and civil society engagement, social determinants of health, innovative programming in vulnerable settings and emergencies, and multisectoral action. In addition, the series included articles on nutrition and environmental influences, a life-course approach **to NCDs**, the need for **transformative medical education**, and development cooperation**,** which demonstrated the most up-to-date evidence and documented the best practices to promote cross-country learning. The *BMJ* series provided, in accessible language for policy-makers, a holistic perspective on current challenges and possible solutions for meeting the global NCD targets and improving health worldwide by 2030.

The solutions

- For countries to make progress in the implementation of high-level commitments, domestic solutions need to reflect local historical, political, cultural and institutional legacies.
- Technical solutions to development problems will not work if they are not aligned with political, socioeconomic and other contextual factors.

14 Solutions for non-communicable disease prevention and control. The BMJ (https://www.bmj.com/NCD-solutions, accessed 10 April 2020).

- Adequate catalytic development funds for NCD prevention and control are particularly important in low-income and fragile countries, where resources are limited but the needs are great.
- Sound and equity-oriented fiscal measures should be directed towards encouraging health-promoting behaviours, as well as providing revenue to scale up cost-effective interventions for NCD prevention and management.
- No country will be able to achieve the SDGs by 2030 without addressing NCDs (SDG target 3.4). If not addressed, NCDs will undermine achievements in other sectors, especially the global effort to eradicate poverty and health inequities.
- The social determinants framework approach is central to achieving all SDG targets, not just SDG target 3.4.
- Increased advocacy for the inclusion of social determinants of health in medical training would help create the needed policy change. Collaboration between ministries of health and ministries of education will be essential to transform medical education.
- The life-course approach can help determine when and how to influence health behaviour and outcomes at other stages.
- Actions targeted at one stage of life often influence health behaviour and outcomes at other stages.
- The health sector, an important social determinant in itself, also has an important role within the Health in All Policies and whole-of-government and whole-of-society frameworks to act as a facilitator for policy development and coordination across sectors and stakeholders.
- Integrating NCDs in primary care is a cost-effective, affordable and equitable model of care that can reduce morbidity and mortality from NCDs.
- NCDs and mental disorders often coexist and their risk factors overlap. The causal mechanisms underlying this co-morbidity are increasingly understood and can therefore be targeted. Adding childhood adversity as a subcategory of environmental risk factors is important.
- Evidence supports the effectiveness of collaborative care for integrating mental health treatment into general services.
- Creating healthier environments should be mainstreamed into policies for reducing NCDs. This will yield multiple co-benefits for health, social welfare, social equity, and the environment.
- Transformation of current food systems to improve availability, affordability and uptake of nutritious, safe, affordable and sustainable diets is key to tackling malnutrition in all its forms, as well as diet-related NCDs.
- Global and regional policy frameworks and guidance can help countries to develop national and local alcohol policies and programmes.
- Policy-makers, programme managers, front-line health workers, patients and people at risk of NCDs have different priorities that are worth researching.
- Implementation research can play an important role in "speaking truth to power" by identifying neglected issues and implementation gaps and providing contextualized solutions.
- Network science can be used to better understand multisectoral and multistakeholder collaboration and how it can be improved.
- Local capacity-building and sustainable predictable financing to scale NCD interventions is key for bridging the gap between policy and practice.
- Tackling NCDs in humanitarian settings is a growing challenge, and more action and evidence are urgently needed, as NCD guidance is largely based on evidence from high-income countries.
- Although evidence-based solutions exist, there remains a gap in terms of implementation, which requires better translation of academic findings into digestible policy and advocacy messages for decision-makers and civil society.
- Analysis of the economic costs of NCDs strengthens arguments to fund interventions.
- Development of investment cases can help identify which cost-effective interventions are best suited to each country and stimulate multisectoral action.

- Faith-based organizations must be supported to continue reaching the poorest, marginalized and disadvantaged members of society through enabling environments, such as policy and legislative frameworks.
- Governments must form partnerships with faith-based organizations to attain UHC and achieve all SDGs.
- WHO should continue to provide engagement platforms for civil society organizations, including faith-based organizations, to contribute to health development and tackle NCDs, their shared risk factors and underlying social, behavioural, economic and environmental determinants.

Parallel session highlights

- There is a need for evidence-informed guidance that can lead to better decisions, investments and policies that are contextualized to local realities and adaptive to changes.
- Successful governance and business models should be identified to scale up digital health programmes that are both equitable and financially sustainable, while accelerating progress on the NCD agenda.
- An enabling environment (infrastructure, skills) is needed for health care workers to integrate and make use of digital tools.
- More than 50% of the population lives in cities. Therefore, cities play a crucial role in responding to the NCD epidemic and improving mental health. Cities are the battleground for NCDs.
- The city of Fortaleza in Brazil decreased the number of cars by prioritizing the safety of people on the streets, and encouraging physical activity and the taking of public transportation to reduce carbon emissions. Road fatalities have declined by 40%.
- Responsibility for addressing environmental risks is mostly outside the health sector. We need to scale up our public health urban planning, etc. We need to drive other sectors through a health argument. This knowledge needs to be built both for policy-making processes and for increasing public understanding and subsequently public pressure.
- A well-coordinated multisectoral approach is required to reduce the key NCD risk factors: tobacco use, harmful use of alcohol, unhealthy diet, and physical inactivity, as well as environmental risk factors, particularly air pollution.
- Lack of coherence between health and trade policies can lead to reduced equity in access to health services, increased flows of unhealthy commodities, limited access to medicines and constrained policy space for health.
- The health sector needs to work with a range of sectors to address NCD risk factors and the underlying social, economic and environmental determinants of NCDs, as well as the impact of commercial and market factors.
- Priority needs to be given to the World Health Assembly-endorsed best buys, and other recommended interventions.
- There are many win-wins for cities. Moving towards public transport can increase levels of physical activity while at the same time reducing air pollution and CO2 emissions: cities contribute the greatest amount of greenhouse gas emissions.
- The SDGs provide renewed impetus for joint action to address complex, contemporary problems and for the achievement of health and good governance. These SDGs are "integrated and indivisible", and action by both the private and public sectors is needed to achieve them. Among civil society organizations, faith-based organizations have a role to play.
- Secular organizations, private stakeholders and government institutions would benefit from improved collaboration with faith-based organizations on health-related issues.
- The engagement of faith-based organizations on NCDs should follow impact-oriented solutions, considering the community context and capacity of the organization. Context is important, but approaches may vary considerably from country to country.
- Faith-based organizations should be broadly engaged through multistakeholder action as defined by the whole-of-society approach. When relevant, they should be recognized as partners of any integrated mechanisms on NCDs, such as national coordination mechanisms.[15]

15 Multisectoral and multistakeholder national mechanisms to promote policy coherence through whole-of-government and whole-of-society engagement to achieve NCDs goals and targets. WHO Independent High-Level Commission on NCDs: report of Working Group 1. Geneva: World Health Organization; 2019.

- Modes of collaboration between Member States and faith-based groups exist that could be adapted for sustainable engagement. Partnership with multireligious coordinating bodies, such as interreligious councils, show particular promise.[16]
- UHC, as one of the SDG health targets, is critical to achieving improved levels and distribution of health and attaining SDG target 3.4.
- National multisectoral and multistakeholder strategies and plans with clear priorities and budgets are essential to mobilizing resources for UHC and achieving SDG target 3.4.
- Cost-effectiveness analysis is only one aspect of determining which health interventions should be included in benefit packages.
- Bolder political commitments and coherence of global and national policies, increased funding and strengthened technical, legal and managerial capacities are needed to achieve UHC and SDG target 3.4 by 2030.

"Policy-makers are looking for solutions that are politically actionable, while still remaining technically credible. This special BMJ edition on NCDs really enables that."

Colin McIff, Deputy Director, Office of Global Affairs, Department of Health and Human Services, United States of America

"NCDs arise from drivers beyond health, and we need to have a common language that all government agencies can engage with. This is the language of economics, and it is essential for driving multisectoral actions."

Anselm Hennis, Director, NCDs and Mental Health, WHO Regional Office for the Americas

"The *BMJ*-WHO special NCD series is an excellent example of a collaborative effort between the two institutions and partners from academia, United Nations organizations, civil society and the private sector, who pulled together their knowledge and expertise to produce evidence-based solutions that are readily available to all in full open access."

Téa Collins, Adviser, Global NCD Platform, WHO

16 Duff JF, Buckingham WW III. Lancet series: Faith-based health care 3. Strengthening of partnerships between the public sector and faith-based groups. Lancet. 2015;386:10005 (https://www.thelancet.com/series/faith-based-health-care, accessed 14 April 2020).

"Even with the best buys, to assume they are applicable in every context without any adjustment to context is dangerous."

Brian Oldenburg, Professor, NCD Prevention and Control, University of Melbourne, Australia

"Youths and people with lived experience need to be recognized as integral, equal partners: they must have a seat on the panel and be part of the discussion."

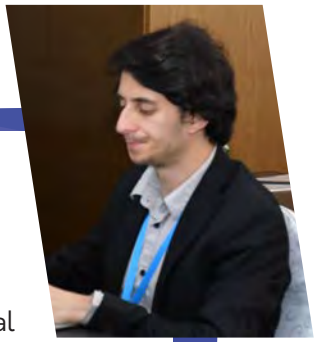
Katie Dain, CEO, NCD Alliance

"Power and promise of context-specific knowledge, including experiential learnings, is an essential component of successful implementation of any NCD plan, project and/or programme."

Abdul Ghaffar, Executive Director, Alliance for Health Policy and Systems Research

"The digital revolution needs with it a strong multistakeholder approach, keeping all partners accountable. The private sector will need to be more sensitive for their trust to be earned, while others will need to demand better standards."

Effy Vayena, Professor, Chair for Bioetichs, ETH Zurich, Swiss Federal Institute of Technology, Switzerland



"The current system of innovation, as well as the incentives and rewards, leads to avoidance of risks. Decisions are largely driven by market forces rather than global health priorities, leading to a mismatch."

Donovan Guttieres, Youth Delegate and Research Scientist, MIT Institute for Data, Systems and Society, United States of America

"Hong Kong is using several WHO technical packages, like REPLACE (trans fatty acids), SAFER (alcohol), and ACTIVE (physical activity), and we are focused now on the accountability framework to drive multisectoral collaboration across key areas."

Scarlett Oi Lan Pong, Chairman, Healthy Cities, ShaTin District Council, Hong Kong, China

"There is a lot of evidence that there are links between infectious and chronic diseases. Approximately 60% of hospitalization of people with HIV is for an NCD."

George Shakarishvili, Senior Adviser, Health Systems, Global Fund to Fight AIDS, Tuberculosis and Malaria, Switzerland

"Even in OECD countries, we do not have UHC when it comes to prevention. Under 3% of health spending in high-income countries is spent on prevention."

Mark Pearson, Deputy Director, Employment, Labour and Social Affairs, Organisation for Economic Cooperation and Development (OECD)

"Collaborative care has emerged as a key evidence-based approach for integrating mental health care into primary care."

Fahmy Hanna, Technical Officer, Department of Mental Health and Substance Use, WHO

"The Norwegian tax system is progressive, and we have a positive experience with so-called sin taxes. Taxing tobacco has been particularly effective. It halved smoking rates in the last decade."

Astrid Nylenna, Coordinator, NCDs, Norwegian Directorate for Health, Norway

"Religion has been able to influence good behaviour among people."

Karma Lhazeen, Director, Department of Public Health, Ministry of Health, Bhutan

Special session

Addressing the double burden of malnutrition: Lancet Series pre-launch

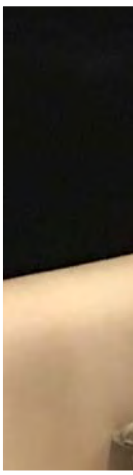
Key Messages

- Malnutrition can take many forms, is ubiquitous and has immediate, lifelong and intergenerational consequences;
- Investing in nutrition will accelerate, consolidate and support investments made to the achievement of the Sustainable Development Goals and their targets;
- Current approaches to address and measure malnutrition in all its forms are inadequate and new economic modelling tools are required to accurately estimate the economic impact of the double burden of malnutrition;

> "WHO has recently launched a new Regional Nutrition Strategy (2020–2030), which will guide the Member States to invest in food systems to address the double burden of malnutrition. "
>
> Ayoub Al-Jawaldeh, Regional Adviser, Nutrition, Regional Office for the Eastern Mediterranean , WHO

> "We are facing a new nutrition reality. We can no longer characterize countries as low-income and undernourished, or high-income and only concerned with obesity. All forms of malnutrition have a common denominator – food systems that fail to provide all people with healthy, safe, affordable, and sustainable diets."
>
> Francesco Branca, Director, Department of Nutrition for Health and Development, WHO

Lancet: Doubel burden of malnutrition



3.3 Youth Engagement

WHO issued a call for youth engagement to identify outstanding youth applicants (under 32 years of age) to share their personal experiences, case studies or research papers, as well as initiatives that propose innovative solutions to address the growing burden of NCDs and mental health conditions.

WHO received 566 submissions from around the world, which were evaluated on several factors, such as impact and innovation. Below are the 19 successful candidates who received support to fully participate in the three-day Global Meeting. A key theme being discussed at the Global Meeting was that the problems countries face vis-à-vis NCDs and mental health stretch beyond the health sector and require both a whole-of-government and a whole-of-society approach. Building on this theme, many of the youth participants took their innovative research and work and identified new ways of working across sectors and showed fresh thinking required for country-level action.

As part of the programme, the youth delegates were offered roles as speakers and rapporteurs. Beyond their participation in the programme, they also had the opportunity to meet with Dr Al-Mandhari, Director, WHO Regional Office for the Eastern Mediterranean, and Dr Svetlana Akselrod, Director, Global NCD Platform, WHO, on the second day of the conference.

On the final day of the Global Meeting, a dedicated youth brainstorming session was held, where young leaders suggested ways in which youths can help shape the conversation and spur action at the country level in the fight against NCDs and mental disorders.




Youth participants in Global Meeting

Name	Country	Application
Begashaw Melaku	Ethiopia	Strengthening the prevention and control effort of NCDs by empowering community pharmacists as primary health care workers
Felix Chilunga	Malawi	Psychosocial stress is associated with cardiovascular disease risk in African migrants
Mbiydzenyuy Ferdy	Cameroon	The impact of optimism fuelled by collaboration in the fight against NCDs in Cameroon
Rabiaa Adalet	Tunisia	Public-private partnership in end-stage renal disease care (PPP-ESRD): if it saves lives, what does it take for both parties to make it work?
Rahmeh Abu Shweimeh	Jordan	Healthy community clinic
Dina Tadros	Germany	MigraMed: innovative project to support migrant communities
Tamari Dakhundaridze	Georgia	Learning from the Hungarian experience: health promoting schools in Georgia

Name	Country	Application
Amy Martinsen	Australia	Patients' involvement in research and priority setting
Tatyana Tatarinova	Russian Federation	Trends in cervical cancer incidence and mortality in the Russian Federation from 2008 to 2018
Bruno Helman	Brazil	Running for diabetes: athletes from real life running after possible dreams
Diego Portilla	Peru	Tinoco Casas de la Salud: identification of people with chronic noncommunicable diseases in the impoverished community of Carabayllo
Donovan Guttieres	United States of America	Access by design: enabling the delivery of biologic therapies for NCDs
Gerani C. Cheuk-A-Lam	Suriname	The impact of the second currency devaluation (2015–2016) on food intake in Suriname
Aastha Chugh	India	Building capacity to strengthen tobacco control efforts for sustainable development in India
Agita Pasaribu	Indonesia	Bully.id
Syurawasti Muhiddin	Indonesia	Halo Jiwa "Make it Better"
Rewena Mahesh	New Zealand	Relative contributions of recommended food environment policies to improve population nutrition: results from a Delphi study with international food policy experts
Xuanchen Tao	China	SMARTHealth diabetes in China
Sarah Clifford	Australia	Youth Health Summit, the Northern Territory, Australia

Closing remarks from the Minister of Health of Oman

The closing remarks of Dr Ahmed Mohammed Obaid Al Saidi, Minister of Health of Oman, were delivered by Dr Ali Al Hinai, Undersecretary of Planning Affairs, Ministry of Health of Oman. Dr Al Hinai stressed the urgency of action at all levels and by all stakeholders to scale up NCD interventions. Dr Al Hinai also called on all countries to take advantage of the available WHO technical packages and tools for guidance that will allow all WHO Member States to accelerate progress towards SDG target 3.4 in a sustainable manner. The full speech of the Minister of Health is available in Annex 1.

Annexes

Annex 1. Minister of Health of Oman: closing remarks

Excellencies, honourable ministers, ambassadors, distinguished delegates, colleagues, ladies and gentlemen,

I have taken one overarching message from this meeting. We agree on the need for bolder action to fulfil our promise of reducing the risk of premature death and disability from NCDs.

In the past, it took decades for a medical breakthrough to spread across countries. The process is different today for many policy interventions that reduce NCDs. In its report launched yesterday, the WHO Independent High-level Commission on NCDs showed us that implementing the WHO MPOWER package on tobacco control will lead to a 15% domestic reduction in premature deaths. Implementing the WHO HEARTS package to reduce high blood pressure will lead to a 5% reduction in premature deaths in countries. These are great examples of how countries can explore new windows of opportunity to accelerate development and to "leapfrog" a linear path of progress towards the SDG targets.

Replicability and affordability are the essence of many NCD interventions. The WHO packages of prioritized NCD interventions can create an even playing field for all countries, especially the least developed countries, and allow them to achieve SDG target 3.4 on NCDs, often bypassing less efficient means.

The window of opportunity to leapfrog will not remain open for long. The national directors and programme managers assembled here during the past three days in Muscat must prioritize action during the next two years that will place their countries on a sustainable path by 2022 to reach SDG target 3.4 by 2030. There is no perfect path to intensify action, but all successful paths have to implement a set of evidence-based and feasible interventions to scale up and ensure integration of NCDs in primary health care and universal health coverage, integrate the delivery of services for the prevention and control of NCDs with services for HIV/AIDS and TB, especially in countries with the highest prevalence rates, taking into account their linkages, and promote whole-of-society approaches with good monitoring and accountability.

I am pleased to note that WHO will scale up its vital role in supporting countries to drive public health impact and progress towards SDG target 3.4 in every country. The seven accelerator themes included in the United Nations Global Action Plan for Healthy Lives and Well-being for All[17] provide specific opportunities that could make a significant contribution to accelerating progress on all health-related SDG targets.

Ladies and gentlemen,

Stakeholders beyond government also share responsibility and can contribute in creating an environment conducive to preventing and controlling NCDs. The next two years (2020–2021) is the time to deliver meaningful and effective contributions to the implementation of national NCD responses. We cannot afford to miss this precious window of opportunity to leapfrog towards SDG target 3.4 for all, with the help of the WHO best buys and other recommended interventions for the prevention and control of NCDs. The clock is ticking – we must act now to achieve SDG target 3.4 by 2030 with the help of all. I hope that this meeting will serve as a reality check and will spur action with a renewed energy.

Dr Ahmed Mohammed Obaid Al Saidi
Minister of Health
Sultanate of Oman

17 Stronger collaboration, better health: Global Action Plan for Healthy Lives and Well-being for All. Geneva: World Health Organization; 2019 (https://www.who.int/sdg/global-action-plan, accessed 14 April 2020).

Annex 2. Detailed programme of the meeting

Monday, 9 December 2019

09:00–09:30	**Welcome and opening remarks: Celebrating the powerful contribution that SDG target 3.4 can make to socioeconomic development in countries** **Session leads**: Akjemal Magtymova (CO/WHO), Téa Collins (HQ) **Moderator:** Téa Collins (HQ) **Speaker 1:** Akjemal Magtymova, WHO Representative, Oman **Speaker 2:** Ali Al Hinai, Undersecretary of Planning Affairs, Ministry of Health, Oman **Speaker 3:** Ahmed Al-Mandhari, Director, WHO Regional Office for the Eastern Mediterranean **Speaker 4**: Svetlana Akselrod, Director, Global NCD Platform, WHO
09:30–11:00	**Plenary 1: Prioritizing action to ensure that more people benefit from UHC (building on the outcomes of the United Nations High-level Meeting on UHC)** ***Moderated panel*** **Session leads:** Jill Farrington (WHO Regional Office for Europe), Warrick Junsuk Kim (WHO Regional Office for the Western Pacific) **Moderator:** Anna Stavdal, President-elect, World Organization of Family Doctors **Speaker 1:** Triin Habicht, Senior Health Economist, WHO Regional Office for Europe **Speaker 2:** Helen McGuire, Global Programme Leader on NCDs, PATH, United States of America **Speaker 3:** Guido Girardi, Senator and President of the Health and Future Challenges, Science, Technology and Innovation Commission, Senate of Chile, Chile **Speaker 4:** Velephi Okello, Deputy Director, Health Services, Eswatini **Speaker 5:** Christophe Buret, Director, Mental Health, Agence pour une qualité de vie (AVIQ), Belgium **Speaker 6:** Vindya Kumarapeli, Director, Directorate of Noncommunicable Diseases, Ministry of Health and Indigenous Medicine, Sri Lanka

	Rapporteurs: Warrick Junsuk Kim, Medical Officer, NCDs, WHO Regional Office for the Western Pacific, and Donovan Guttieres, Youth Delegate and Research Scientist, MIT Institute for Data, Systems and Society, United States of America	
11:00–11:30	**Healthy break**	
11:30–13:00	**Parallel workshops following plenary 1**	
11:30–13:00	**PS1.1: WHO Global HEARTS technical package for strengthening cardiovascular disease management in primary health care settings** **Session leads:** Cherian Varghese (HQ), Gampo Dorji (WHO Regional Office for South-East Asia), Taskeen Khan (HQ) **Moderator:** Gampo Dorji, Technical Officer, NCDs and Environmental Health, WHO Regional Office for South-East Asia **Speaker 1:** Mavis Ntoimbifuthi Ginindza, NCD Senior Programme Officer, Ministry of Health, Eswatini **Speaker 2:** Latifa Belakhel, Head, Division of NCDs, Ministry of Health, Morocco **Speaker 3:** Karma Lhazeen, Director, Department of Public Health, Ministry of Health, Bhutan **Speaker 4:** Kyaw Kan Kaung, Director NCD, Ministry of Health and Sports, Myanmar **Speaker 5:** Jill Louise Farrington, Coordinator, Integrated Prevention and Control of NCDs, WHO Regional Office for Europe **Speaker 6:** Afshin Ostovar, Director General, NCD Office, Ministry of Health and Medical Education, Islamic Republic of Iran **Rapporteurs:** Nalika Gunawardena, WHO Country Office, Sri Lanka, and Begashaw Melaku Gebresillassie, Youth Delegate and YP-CDN Ethiopian Chapter, ISPOR Ethiopian Chapter, Ethiopia	**PS1.2: WHO Global Initiative to Reduce Childhood Cancer** **Session leads:** Andre Ilbawi (HQ), Catherine Lam (HQ) **Moderator:** André Ilbawi, Technical Officer, Noncommunicable Diseases, WHO **Speaker 1:** Catherine Lam, Consultant, Noncommunicable Disease Management, WHO **Speaker 2:** Aye Khaing, Head, Paediatric Hematology-Oncology, Yangon Children's Hospital, Myanmar **Speaker 3:** Frances Prescilla Cuevas, Chief Health Programme Officer, Department of Health, Philippines **Speaker 4:** Liliana Vásquez Ponce, Pediatric Oncologist, Peruvian Oncology Society, Peru **Rapporteur:** Tamari Dakhundaridze, Youth Delegate and Graduate Student, Erasmus University, Netherlands / Georgia

11:30–13:00	**PS1.3: WHO Global Initiative to Eliminate Cervical Cancer** **Session leads:** Elena Fidarova (HQ), Steven Shongwe (WHO Regional Office for Africa), Marilis Corbex (WHO Regional Office for Europe) **Moderator:** Silvana Luciani, Unit Chief, NCDs, WHO Regional Office for the Americas **Speaker 1:** Sharon Kapambwe, Assistant Director, Cancer Prevention Unit, Ministry of Health, Zambia **Speaker 2:** Lisa Bazzett-Matabele, Head, Department of OB/GYN, University of Botswana, and Member of WHO Expert Group on Cervical Cancer Elimination, Botswana / United States of America **Speaker 3:** Jin-Kyoung Oh, Assistant Professor, Department of Cancer Control and Population Health, National Cancer Centre, Graduate School of Cancer Science and Policy Republic of Korea **Speaker 4:** Steven Shongwe, A/ Director, NCD Cluster, WHO Regional Office for Africa **Speaker 5:** Kreeneshni Govender, Technical Officer, Human Rights and Gender, UNAIDS **Rapporteurs:** Prebo Barango, Medical Officer, NCD Integrated Management, WHO Regional Office for Africa, and Tatyana Tatarinova, Youth Delegate and PhD Student, Sechenov University, Russian Federation	**PS1.4: WHO Global Mental Health Initiative** **Session leads:** Devora Kestel (HQ), Khalid Saeed (WHO Regional Office for the Eastern Mediterranean) **Speaker 1:** Devora Kestel, Director, Department of Mental Health and Substance Use, WHO **Speaker 2:** Rabih El Chammay, Head, National Mental Health Programme, Ministry of Public Health, Lebanon **Speaker 3:** Saima Wazed Hossain, Chair, Shuchona Foundation, Bangladesh **Speaker 4:** Chido Madzvamutse, Deputy Director, Mental Health Services, Ministry of Health and Child Care, Zimbabwe **Speaker 5:** Khalid Saeed, Regional Adviser, Mental Health and Neurological Disorders, WHO Regional Office for the Eastern Mediterranean **Rapporteur:** Syurawasti Muhiddin, Youth Delegate, MA Candidate, Universitas Gadjah Mada, Indonesia

13:00–14:00	**Lunchtime session: Contribution of the WHO Framework Convention on Tobacco Control and its Protocol to the broader NCDs agenda** **Session lead:** Guangyuan Liu (HQ) **Moderator:** Guangyuan Liu, Coordinator, Governance and International Cooperation, Secretariat of the Framework Convention on Tobacco Control **Speaker 1:** Ahmed Al-Mandhari, Director, WHO Regional Office for the Eastern Mediterranean **Speaker 2:** Jawad Al-Lawati, Senior Consultant and Rapporteur for the National Committee for Tobacco Control, Ministry of Health, Oman **Speaker 3:** Florence Berteletti, Director for Advocacy, World Heart Federation, Switzerland **Rapporteur:** Aastha Chugh, Youth Delegate and Research Assistant, HRIDAY, India	**Lunchtime session: Accelerating the impact of NCD interventions using health literacy: practical tools and approaches** **Session lead:** Guy Fones (HQ) **Moderator:** Richard Osborne, Director, Centre for Global Health and Equity, Swinburne University of Technology, Australia **Speaker 1:** Guy Fones, Adviser, Global Coordination Mechanism on NCDs, WHO **Speaker 2:** Bente Mikkelsen, Director, Division of Noncommunicable Diseases and Promoting Health through the Life-Course, WHO Regional Office for Europe **Speaker 3:** Faten Ben Abdelaziz, Coordinator, Health Promotion, WHO **Speaker 4:** Melissa Binihi, Health Promotion Officer, Ministry of Health, Vanuatu **Rapporteur:** Sarah Clifford, Youth Delegate and Research Assistant, AOD Harm Minimisation Team, Menzies School of Health Research, Australia
14:00–15:30	**Plenary 2: Prioritizing action to ensure more people are protected from health emergencies, and to promote the health of refugees and migrants** **Session leads:** Rana Hajjeh (WHO Regional Office for the Eastern Mediterranean), Dorit Nitzan (WHO Regional Office for Europe) **Moderators:** Rana Hajjeh, Deputy Regional Director, WHO Regional Office for the Eastern Mediterranean, and Bente Mikkelsen, Director, Division of Noncommunicable Diseases and Promoting Health through the Life-Course, WHO Regional Office for Europe **Speaker 1:** Asmus Hammerich, Director, NCDs and Mental Health, WHO Regional Office for the Eastern Mediterranean **Speaker 2:** Santino Severoni, Special Adviser, Migration and Health Programmes, WHO Regional Office for Europe **Speaker 3:** Claire Whitney, Senior Global Health and Psychosocial Support Adviser, International Medical Corps, Lebanon **Speaker 4:** Bashir Sarwari, Director, Department of Mental Health and Substance Abuse, Afghanistan **Rapporteur:** Dina Tadros, Youth Delegate and Medical Resident, Ludwig Maximilian University, Germany	

15:30–16:00	**Healthy break**	
16:00–17:30	**Workshops following plenary 2**	
16:00–17:30	**PS2.1: NCD emergency kit** **Session lead:** Slim Slama (WHO Regional Office for the Eastern Mediterranean) **Moderator:** Slim Slama, Regional Adviser, NCD Prevention, WHO Regional Office for the Eastern Mediterranean **Speaker 1:** Rohullah Niazi, National Professional Officer, WHO Representative's Office, Afghanistan **Speaker 2:** Manuel De Lara, Public Health Officer and Emergency Health Cluster Coordinator, WHO Regional Office for Europe (Gaziantep Office) **Speaker 3:** Mauricio Aragno, Pharmacist, Doctors Without Borders **Speaker 4:** Mamsallah Faal-Omisore, Senior Clinical Adviser, Primary Care International, Nigeria **Rapporteurs:** Rahmeh Abu Shweimeh, Youth Delegate and Health Community Clinic Programme Coordinator, Royal Health Awareness Society, Jordan, and Heba Fouad, Technical Officer, Noncommunicable Diseases Surveillance, WHO Regional Office for the Eastern Mediterranean	**PS2.2: Mental health and psychosocial support in emergencies** **Session leads:** Fahmy Hanna (HQ), Khalid Saeed (WHO Regional Office for the Eastern Mediterranean) **Speaker 1:** Fahmy Hanna, Technical Officer, Department of Mental Health and Substance Use, WHO **Speaker 2:** Nazneen Anwar, Regional Adviser, Mental Health, WHO Regional Office for South-East Asia **Speaker 3:** Khalid Saeed, Regional Adviser, Mental Health and Neurological Disorders, WHO Regional Office for the Eastern Mediterranean **Speaker 4:** Claudina Cayetano, Regional Adviser, Mental Health, WHO Regional Office for the Americas **Speaker 5:** Florence Baingana, Consultant, NCDs, WHO Regional Office for Africa **Speaker 6:** Amal Shakko, Director, Mental Health Directorate, Ministry of Health, Syrian Arab Republic **Speaker 7:** Rohan Ratnayake, Director, Directorate of Mental Health, Ministry of Health and Indigenous Medicine, Sri Lanka **Rapporteur:** Devora Kestel, Director, Department of Mental Health and Substance Use, WHO

16:00–17:30	**PS2.3: Prevention and management of NCDs in refugee and migrant communities** **Session leads:** Jozef Bartovic (WHO Regional Office for Europe), Kanokporn (Jum) Kaojaroen (HQ) **Moderator:** Santino Severoni, Special Adviser, Migration and Health Programmes, WHO Regional Office for Europe **Speaker 1:** Charles Agyemang, Professor of Global Migration, Ethnicity and Health, Academic Medical Centre, University of Amsterdam, and Vice-President, Migration Section, European Public Health Association, Netherlands **Speaker 2:** Felix Chilunga, Youth Delegate and Doctoral Student, Amsterdam Institute for Global Health and Development, Netherlands / Malawi **Speaker 3:** Vindya Kumarapeli, Director, Directorate of Noncommunicable Diseases, Ministry of Health and Indigenous Medicine, Sri Lanka **Speaker 4:** Latifa Belakhel, Head NCD Division, Ministry of Health, Morocco **Speaker 5:** Charmaine Gauci, Director General and Superintendent of Public Health, Ministry of Health, Malta **Speaker 6:** Fehmi Aydinli, Adviser, Ministry of Health, Turkey **Rapporteurs:** Jozef Bartovic, Technical Officer, Migration and Health, WHO Regional Office for Europe, and Felix Chilunga, Youth Delegate and Doctoral Student, Amsterdam Institute for Global Health and Development, Netherlands / Malawi	**PS2.4: Synergizing action to address the burden of TB and NCDs in vulnerable populations** **Session lead:** Yulia Bakonina (HQ) **Moderator:** Annabel Baddeley, Technical Officer, Global TB Programme, WHO **Speaker 1:** Saif Al Abri, Director-General of Disease Surveillance and Control, Ministry of Health, Oman **Speaker 2:** Omary Ubuguyu, Head, Mental Health and Substance Abuse Unit, Ministry of Health, Community Development, Gender, Elderly and Children, United Republic of Tanzania **Speaker 3:** Irina Vasilyeva, Director, National Medical Research Centre of Phthisiopulmonology and Communicable Disease, Ministry of Health, Russian Federation **Speaker 4:** Ruy López Ridaura, General Director, National Centre of Preventive Programmes and Disease Control, Secretariat of Health, Mexico **Rapporteurs:** Yulia Bakonina, Technical Officer, Technical Support and Coordination, Global TB Programme, WHO, and Annabel Baddeley, Technical Officer, Global TB Programme, WHO
18:00–20:30	**Oman walks the talk on NCDs: physical activity event organized by the Government of Oman (Ministry of Health and Ministry of Sports) with WHO**	

Day 2. Tuesday, 10 December 2019

09:00–10:30	**Plenary 3: Preventing NCDs through healthier environments and lifestyles** **Session leads:** Anselm Hennis (WHO Regional Office for the Americas), Francesco Branca (HQ), Steven Shongwe (WHO Regional Office for Africa) **Moderator:** Anselm Hennis, Director, NCDs and Mental Health, WHO Regional Office for the Americas **Keynote speaker:** Sir George Alleyne, Director Emeritus, WHO Regional Office for the Americas **Speaker 1:** Abdulla Ameen, Minister, Ministry of Health, Maldives **Speaker 2:** Colin McIff, Deputy Director, Office of Global Affairs, Department of Health and Human Services, United States of America **Speaker 3:** Piroska Ostlin, A/Regional Director, WHO Regional Office for Europe **Speaker 4:** Mihaly Kokeny, former Minister of Health, Hungary, Senior Fellow, The Graduate Institute, Global Health Centre, Switzerland **Speaker 5:** José Luis Castro, President and Chief Executive Officer, Vital Strategies, United States of America **Speaker 6:** Atif Rahman, Professor of Child Psychiatry and Global Mental Health, University of Liverpool, United Kingdom **Speaker 7:** Dina Tadros, Youth Delegate and Medical Resident, Ludwig Maximilian University, Germany **Rapporteurs:** Gerani Cheuk-A-Lam, Youth Delegate and Nutrition and Health Researcher, Ministry of Tourism, Public Health and Sports, Suriname, and Adriana Blanco, Unit Chief, Risk Factors and Nutrition, WHO Regional Office for the Americas	
10:30–11:00	**Healthy break**	
11:00–12:30	**PS3.1: Solutions to reduce air pollution to address NCDs** **Session lead:** Nathalie Roebbel (HQ) **Moderator:** Nathalie Roebbel, Coordinator, Air Pollution and Urban Health, WHO **Speaker 1:** Yang Haibing, Deputy Director and Chief Physician, Department of Environment and Health, Suzhou Centre for Disease Prevention and Control, China	**PS3.2: Comprehensive approaches to prevent NCDs and promote mental health (MPOWER, SAFER, ACTIVE)** **Session leads:** Dag Rekve (HQ), Nalika Gunawardena (WHO Regional Office for South-East Asia), Fatima El-Awa (WHO Regional Office for the Eastern Mediterranean) **Moderator:** Jawad Al-Lawati, Senior Consultant and Rapporteur for the National Committee for Tobacco Control Ministry of Health, Oman

	Speaker 2: Poornima Prabhakaran, Deputy Director, Centre for Environmental Health, Public Health Foundation India **Speaker 3:** Najat Saliba, Professor of Chemistry, , American University of Beirut, Lebanon **Speaker 4:** Carl Osei, Programme Manager, Ghana Health Service, Ghana **Speaker 5:** Siriwan Chandanachulaka, Public Health Senior Expert, Environmental Health, Department of Health, Ministry of Public Health, Thailand **Speaker 6:** Marit Pettersen, Senior Adviser, Ministry of Foreign Affairs, Norway **Rapporteurs:** Maria Carmela Mijares-Majini, Consultant, Noncommunicable Diseases and Health Promotion, WHO Regional Office for the Western Pacific, and Felix Chilunga, Youth Delegate and Doctoral Student, Amsterdam Institute for Global Health and Development, Netherlands / Malawi	**Speaker 1:** Fatimah El-Awa, Regional Adviser, Tobacco Free Initiative, WHO Regional Office for the Eastern Mediterranean **Speaker 2:** Mohammad Reza Masjedi, Professor of Pulmonology and Internal Medicine, Director General of Iranian Anti-Tobacco Association, Islamic Republic of Iran **Speaker 3:** Carina Ferreira Borges, Programme Manager, Alcohol and Illicit Drugs, WHO Regional Office for Europe **Speaker 4:** Quoc Bao Tran, Head, Division of NCD Control, Ministry of Health, Viet Nam **Speaker 5:** Riitta-Maija Hämäläinen, Technical Officer, Division of Healthy Environments and Populations, WHO Regional Office for the Western Pacific **Speaker 6:** Huda Al Siyabi, Director, Department of Community-Based Initiatives, Ministry of Health, Oman **Rapporteur:** Nalika Gunawardena, WHO Country Office, Sri Lanka
11:00–12:30	**PS3.3: WHO technical packages to promote healthy diets: SHAKE, REPLACE, ENA, ECHO** **Session leads:** Francesco Branca (HQ), Ayoub Al-Jawaldeh (WHO Regional Office for the Eastern Mediterranean) **Moderator:** Francesco Branca, Director, Department of Nutrition for Health and Development, WHO **Speaker 1:** Ayoub Al-Jawaldeh, Regional Nutrition Adviser, WHO Regional Office for the Eastern Mediterranean **Speaker 2:** Eduardo Marques Macario, Director, NCD Surveillance, Ministry of Health, Brazil	**PS 3.4: WHO tools to strengthen NCD surveillance and accountability** **Session leads:** Lubna Bhatti (HQ), Leanne Riley (HQ) **Moderator:** Adriana Blanco, Unit Chief, Risk Factors and Nutrition, WHO Regional Office for the Americas **Speaker 1:** Heba Fouad, Technical Officer, NCD Surveillance, WHO Regional Office for the Eastern Mediterranean **Speaker 2:** Lubna Bhatti, Technical Officer, NCD Surveillance, WHO **Speaker 3:** Manju Rani, Regional Adviser, NCD and Tobacco Surveillance, WHO Regional Office for South-East Asia

	Speaker 3: Asha Alfawaz, Chief Officer for Health Improvement and Promotion, Saudi Centre for Disease Prevention and Control, Saudi Arabia **Speaker 4:** Sirpa Sarlio, Adviser, Ministry of Social Affairs and Health, Finland **Speaker 5:** Tiali Goodchild, Assistant Secretary, Preventive Health Policy, Department of Health, Australia **Speaker 6:** Frances Prescilla Cuevas, Chief Health Programme Officer, Department of Health, Philippines **Rapporteur:** Francesco Branca, Director, Department of Nutrition for Health and Development, WHO	**Speaker 4:** Gerald Mutungi, Head of NCD Programme, Ministry of Health, Uganda **Speaker 5:** Shadha Al Raisi, Director, NCDs, Ministry of Health, Oman **Speaker 6:** Diana Andreasyan, Deputy Director, National Institute of Health and National NCD Focal Point, Ministry of Health, Armenia **Rapporteurs:** Lubna Bhatti, Technical Officer, NCD Surveillance, WHO, and Tatyana Tatarinova, Youth Delegate and PhD Student, Sechenov University, Russian Federation
12:30–14:00	**Lunchtime session: Supporting countries to scale up care for mental, neurological, and substance use conditions** **Session leads:** Devora Kestel (HQ), Fahmy Hanna (HQ) **Moderator:** Fahmy Hanna, Technical Officer, Department of Mental Health and Substance Use, WHO **Speaker 1:** Devora Kestel, Director, Department of Mental Health and Substance Use, WHO **Speaker 2:** Khalid Saeed, Regional Adviser, Mental Health and Neurological Disorders, WHO Regional Office for the Eastern Mediterranean **Speaker 3:** Claudina Cayetano, Regional Adviser, Mental Health, WHO Regional Office for the Americas	**Lunchtime session: Fiscal measures for health: accelerators for financing SDG responses and preventing NCDs** **Session leads:** Jeremias Paul Jr (HQ), Téa Collins (HQ) **Moderator:** Douglas Bettcher, Senior Adviser, Office of the Director-General, WHO **Speaker 1:** Oxana Domenti, Permanent Representative of the Republic of Moldova to the United Nations and Specialized Institutions atGeneva, Switzerland **Speaker 2:** Fatimah El-Awa, Regional Adviser, Tobacco Free Initiative, WHO Regional Office for the Eastern Mediterranean **Speaker 3:** Princess Dina Mired of Jordan, President, Union for International Cancer Control **Speaker 4:** Jeremias Paul Jr, Coordinator, Tobacco Control Economics, WHO **Speaker 5:** Dag Rekve, Senior Technical Officer, Alcohol, Drugs, and Addictive Behaviours, Management of Substance Use, WHO

		Speaker 6: Thor Erik Lindgren, Senior Adviser, International Public Health, Ministry of Health and Care Services, Norway **Rapporteur:** Maria Carmela Mijares-Majini, Consultant, NCDs and Health Promotion, WHO Regional Office for the Western Pacific
14:00–14:35	**High-level plenary: Welcome** **Welcome speeches:** Svetlana Akselrod, Director, Global NCD Platform, WHO, on behalf of Tedros Adhanom Ghebreyesus, Director-General, WHO Ahmed Al-Mandhari, Regional Director, WHO Regional Office for the Eastern Mediterranean	
14:15–15:45	**High-level segment: Panel 1** **Rapid progress and quick results in addressing NCDs are possible** **Session leads:** Daniel Mic (HQ), Guy Fones (HQ), Menno Van Hilten (HQ) **Moderator:** Shiulie Ghosh, Journalist, United Kingdom **Speaker 1:** Ahmed Mohammed Obaid Al Saidi, Minister of Health, Oman **Speaker 2:** Oleg Salagay, Deputy Minister of Health, Ministry of Health, Russian Federation **Speaker 3:** Hala Zaid, Minister of Health and Population, Egypt **Speaker 4:** Kenan Hrapovic, Minister of Health, Ministry of Health, Montenegro **Speaker 5:** Abdulla Ameen, Minister of Health, Maldives **Speaker 6**: Miguel R. Jorge, President, World Medical Association **Speaker 7:** Rocco Renaldi, Secretary-General, International Food and Beverage Alliance **Speaker 8:** Lemogang Kwape, Minister of Health and Wellness, Botswana **Person living with NCD:** Ms Kwanele Asante-Shongwe, African Organization of Research and Training in Cancer, South Africa	
15:45–16:00	**Release of report of High-level Commission on NCDs** **Lead:** Menno Van Hilten (HQ) **Moderator:** Menno Van Hilten, Cross-Cutting Lead Strategy (NCDs), Office of the Assistant Director-General, WHO **Speaker 1:** Svetlana Akselrod, Director, Global NCD Platform, WHO	

	Speaker 2: Oleg Salagay, Deputy Minister of Health, Ministry of Health, Russian Federation **Speaker 3:** Annette Kennedy, President, International Council of Nurses **Speaker 4:** Sir George Alleyne, Director Emeritus, WHO Regional Office for the Americas **Speaker 5:** Katie Dain, CEO, NCD Alliance **Speaker 6:** Eric Hargan, Deputy Secretary, Department of Health and Human Services, United States of America **Speaker 7:** Ameerajwad Omar Lebbe, Ambassador-Designate, Embassy of Sri Lanka to the Sultanate of Oman **Speaker 8:** Colin McIff, Deputy Director, Office of Global Affairs, Department of Health and Human Services, United States of America
16:00–16:15	**Healthy break**
16:15–17:45	**High-level segment: Panel 2** **Partnering in new ways to implement solutions for the prevention and control of NCDs and mental health conditions** **Moderator:** Shiulie Ghosh, Journalist, United Kingdom **Youth perspective:** Aastha Chugh, Youth Delegate and Research Assistant, HRIDAY, India **Speaker 1:** Eric D. Hargan, Deputy Secretary, Department of Health and Human Services, United States of America **Speaker 2:** Ebrahim Al-Haddad, Regional Director for Arab States, International Telecommunication Union, Switzerland **Speaker 3:** Oxana Domenti, Permanent Representative of the Republic of Moldova to the United Nations and Specialized Institutions at Geneva, Switzerland **Speaker 4:** Princess Dina Mired of Jordan, President, Union for International Cancer Control **Speaker 5:** Aksel Jakobsen, State Secretary for International Development, Ministry of Foreign Affairs, Norway **Speaker 6:** Chioni Siwo, National Coordinator for Mental Health, Ministry of Health, Zambia **Speaker 7:** Wilhemina S. Jallah, Minister of Health, Liberia **Speaker 8:** Pavithra Devi Wanniarachchi, Minister of Health and Indigenous Medicine , Sri Lanka **Speaker 9:** Thomas Cueni, Director-General, International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), Switzerland **Speaker 10:** Jamil Jabak, Minister of Public Health, Lebanon

19:00–21:00	**Grand opening, reception and dinner hosted by the Government of Oman for all participants** **Opening speeches:** Ahmed Al Saidi, Minister of Health, Oman, *via video* Tedros Adhanom Ghebreyesus, Director-General, WHO, *via video* Ahmed Al-Mandhari, Regional Director, WHO Regional Office for the Eastern Mediterranean

Day 3. Wednesday, 11 December 2019

09:00–10:30	**Plenary 5: Collaborative governance for NCDs: multisectoral and multistakeholder action to accelerate regional and country-level responses** **Session leads:** Guy Fones (HQ), Asmus Hammerich (WHO Regional Office for the Eastern Mediterranean), Mitch Mijares-Majini (WHO Regional Office for South-East Asia) **Moderator:** Shiulie Ghosh, Journalist, United Kingdom **Speaker 1:** Svetlana Akselrod, Director, Global NCD Platform, WHO **Speaker 2:** Jonathan Klein, Immediate Past Chair, NCD Child / Coordinator, Executive Committee, International Pediatric Association; University of Illinois, Chicago **Speaker 3:** Chido Madzvamutse, Deputy Director, Mental Health Services, Ministry of Health and Child Care, Zimbabwe **Speaker 4:** Mark Pearson, Deputy Director, Employment, Labour and Social Affairs, Organization for Economic Cooperation and Development (OECD) **Speaker 5:** Bagher Larijani, Vice-Chair, Iranian NCD Committee, Ministry of Health and Medical Education, Islamic Republic of Iran **Speaker 6:** Akash Malik, National Manager, Health Systems Strengthening, UNDP, India **Speaker 7:** Anne Lise Ryel, Secretary-General, Norwegian Cancer Society **Speaker 8:** Asmus Hammerich, Director, NCDs and Mental Health, WHO Regional Office for the Eastern Mediterranean **Speaker 9:** Rabiaa Adalet, Youth Delegate and Junior Manager, Business Development and Global Marketing, D.Med Healthcare Group, Tunisia **Speaker 10:** Katie Dain, CEO, NCD Alliance **Speaker 11:** Miguel R. Jorge, President, World Medical Association **Speaker 12:** Kristina Sperkova, International President, IOGT

	Speaker 13: Zee Yoong Kang, Chief Executive Officer, Health Promotion Board, Singapore **Speaker 14:** Guangyuan Liu, Coordinator, Governance and International Cooperation, Secretariat of the Framework Convention on Tobacco Control **Rapporteurs:** Maria Carmela Mijares-Majini, Consultant, NCDs and Health Promotion, WHO Regional Office for the Western Pacific, and Rewena Mahesh, Youth Delegate, Medical Student, and Global Health Policy Officer, Australian Medical Student Association, Australia	
10:30–11:00	**Healthy break**	
11:00–12:30	**Parallel workshops following plenary 5: Multisectoral governance and accountability**	
11:00–12:30	**PS5.1: Multisectoral coordination: alignment and accountability at national level for shared public health goals** **Session leads:** Sophie Genay-Diliautas (HQ), Majnu Rani (WHO Regional Office for South-East Asia) **Moderator:** Sophie Genay-Diliautas, Technical Officer, Joint Working Team on UHC, WHO **Speaker 1:** Worawan Plikhamin, Senior Adviser in Policy and Plan, Office of the National Economic and Social Development Council, Thailand **Speaker 2:** Gyu Ho Choi, Deputy Director, Dietary and Nutritional Safety Policy Division, Ministry of Food and Drug Safety, Republic of Korea **Speaker 3:** Stéphane Besançon, Chief Executive Officer, Santé Diabète, Mali **Speaker 4:** Jawad Al Lawati, Senior Consultant, Ministry of Health, Oman **Speaker 5:** Sudhirsen Kowlessur, Chief Health Promotion and Research Coordinator, Ministry of Health and Quality of Life, Mauritius	**PS5.2: Global economic system and NCDs: collaborative innovative solutions** **Session leads:** Guy Fones (HQ), Anselm Hennis (WHO Regional Office for the Americas) **Moderator:** Rob Moodie, Deputy Head and Professor of Public Health, Melbourne School of Population and Global Health, and Professor of Public Health, University of Malawi, Australia / Malawi **Speaker 1:** Liz Bennett, Public Health Researcher, James Cook University, Australia **Speaker 2:** Christian Franz, Co-founder, CPC Analytics, Germany **Speaker 3:** Francesco Branca, Director, Department of Nutrition for Health and Development, WHO **Speaker 4:** Rewena Mahesh, Youth Delegate, Medical Student, and Global Health Policy Officer, Australian Medical Student Association, Australia **Speaker 5:** Mihaly Kokeny, former Minister of Health, Hungary, Senior Fellow, The Graduate Institute, Global Health Centre, Switzerland **Speaker 6:** Vindya Kumarapeli, Director, Directorate of Noncommunicable Diseases, Ministry of Health and Indigenous Medicine, Sri Lanka

	Rapporteurs: Manju Rani, Regional Adviser, NCDs and Tobacco Surveillance, WHO Regional Office for South-East Asia, and Sophie Genay-Diliautas, Technical Officer, Joint Working Team on UHC, WHO	**Speaker 7:** Rasha Alfawaz, Chief Officer, Health Improvement and Promotion, Centre for Disease Prevention and Control, Ministry of Health, Kingdom of Saudi Arabia **Rapporteur:** Cynthia Lam, Consultant, WHO
11:00–12:30	**PS5.3: Investment cases for NCD prevention and control for country-level impact** **Session lead:** Alexey Kulikov (HQ) **Moderator:** Alexey Kulikov, External Relations Officer, Global NCD Platform, WHO **Speaker 1:** Nick Banatvala, Manager, Head of Secretariat, UN Interagency Taskforce on Prevention and Control of NCDs **Speaker 2:** Elfatih Abdelraheem, Team Leader, HIV, Health and Development, Istanbul Regional Hub, UNDP, Turkey **Speaker 3:** Oksana Drapkina, Director, National Medical Research Centre for Preventive Medicine Russian Federation **Speaker 4:** Hero Kol, Director, Preventive Medicine Department, Ministry of Health, Cambodia **Speaker 5:** Katie Dain, CEO, NCD Alliance **Speaker 6:** Tamu Davidson, Director, NCD and Injuries Prevention Unit, Ministry of Health and Wellness, Jamaica **Speaker 7:** Sir George Alleyne, Director Emeritus, WHO Regional Office for the Americas **Speaker 8:** Frances Prescilla Cuevas, Chief Health Programme Officer, Department of Health, Philippines **Speaker 9:** AnneLise Ryel, Secretary-General, Norwegian Cancer Society	**PS5.4: Overcoming national implementation challenges: prioritized research agenda to address NCDs and promote mental health through a health systems lens** Session lead: Téa Collins (HQ) Moderator: Abdul Ghaffar, Executive Director, Alliance for Health Policy and Systems Research Speaker 1: João Joaquim Rodrigues da Silva Breda, Head, WHO European Office for Prevention and Control of NCDs Speaker 2: Julia Tainijoki-Seyer, Medical Adviser, World Medical Association, France Speaker 3: Farshad Farzadfar, Chairperson, Noncommunicable Diseases Research Centre, Endocrinology and Metabolism Research Institute, Teheran Univeristy of Medical Sciences, Islamic Republic of Iran Speaker 4: Viktoria Madyanova, Director, International Department of the Institute for leadership and Health Management, Sechenov First Moscow State Medical University, Russian Federation Speaker 5: Brian Oldenburg, Head, WHO Collaborating Centre on Implementation Research for Prevention and Control of Noncommunicable Diseases, and Professor, University of Melbourne, Australia Speaker 6: Tural Gulu, Head, Statistics Division, State Agency on Mandatory Health Insurance, Azerbaijan

	Rapporteur: Diego Portilla Tinoco, Youth Delegate and Social Psychologist, Socios en Salud, Peru	Rapporteurs: Xuanchen Tao, Youth Delegate and Acting Programme Manager and Research Assistant, George Institute for Global Health, China, and Erik Landriault, Consultant, Global Coordination Mechanism on NCDs, WHO
12:30–14:00	**Lunchtime session: Civil society seminar (closed meeting)**	**Lunchtime session: Development cooperation and innovative financing for NCD prevention and treatment** **Session leads:** Andrea Feigl (Health Financing Institute), Nick Banatvala (WHO) **Moderator:** Andrea Feigl, CEO, Health Finance Institute, United States of America **Speaker 1:** Rachel Nugent, Vice-President, Global NCDs, RTI International, United States of America **Speaker 2:** Nick Banatvala, Head of Secretariat, UN Interagency Taskforce on NCD Prevention and Control **Speaker 3:** Bent Lautrup-Nielsen, Senior Advisor, World Diabetes Foundation (WDF) **Speaker 4**: Gene Bukhman, Director, Program in Global Noncommunicable Diseases and Social Change, Harvard Medical School / Partners in Health **Speaker 5:** Elfatih Abdelraheem, Team Leader, HIV, Health and Development, Istanbul Regional Hub, UNDP, Turkey **Speaker 6:** Vindya Kumarapeli, Director, Directorate of Noncommunicable Diseases, Ministry of Health and Indigenous Medicine, Sri Lanka
14:00–15:30	**Plenary 6: Evidence-informed policies and practice: launch of the special *BMJ* NCD edition on mobilizing society to implement solutions for NCD prevention and control** **Session lead:** Téa Collins (HQ) **Moderator:** Téa Collins, Adviser, Global NCD Platform, WHO **Speaker 1:** Anita Jain, Clinical Editor, *BMJ*, United Kingdom **Speaker 2:** Sir George Alleyne, Director Emeritus, WHO Regional Office for the Americas	

	Speaker 3: Svetlana Akselrod, Director, Global NCD Platform, WHO **Speaker 4:** Colin McIff, Deputy Director, Office of Global Affairs, Department of Health and Human Services, United States of America **Speaker 5:** Francesco Branca, Director, Department of Nutrition for Health and Development, WHO **Speaker 6:** Nathalie Roebbel, Coordinator, Air Pollution and Urban Health, WHO **Speaker 7:** Dag Rekve, Senior Technical Officer, Alcohol, Drugs, and Addictive Behaviours, , WHO **Speaker 8:** Fahmy Hanna, Technical Officer, Department of Mental Health and Substance Use, WHO **Speaker 9:** Bente Mikkelsen, Director, Division of Noncommunicable Diseases and Promoting Health through the Life-Course, WHO Regional Office for Europe **Speaker 10:** Hai-Rim Shin, Director, Division of NCDs and Health through the Life-Course, WHO Regional Office for the Western Pacific **Speaker 11:** Head of Secretariat, UN Interagency Taskforce on NCD Prevention and Control **Speaker 12:** Anselm Hennis, Director, NCDs and Mental Health, WHO Regional Office for the Americas **Speaker 13:** Rachel Nugent, Vice-President, Global NCDs, RTI International, United States of America **Speaker 14:** João Joaquim Rodrigues da Silva Breda, Head, European Office for Prevention and Control of NCDs, WHO Regional Office for Europe **Speaker 15:** Brian Oldenburg, Head, WHO Collaborating Centre on Implementation Research for Prevention and Control of Noncommunicable Diseases, and Professor, University of Melbourne, Australia **Speaker 16:** Kate Armstrong, Founder and President, CLAN, Co-chair of Indigenous Peoples Movement, and Founding Chair of NCD Child, Australia **Speaker 17:** Julia Tainjinoki-Seyer, Medical Adviser, World Medical Association **Speaker 18:** Katie Dain, CEO, NCD Alliance **Speaker 19:** Thomas Cueni, Director-General, International Federation of Pharmaceutical Manufacturers and Associations (IFMPA), Geneva **Rapporteur:** Sarah Clifford, Youth Delegate and Research Assistant, AOD Harm Minimisation Team, Menzies School of Health Research, Australia
15:30–16:00	**Healthy break**
16:00–17:30	**Parallel workshops following plenary 6: Innovative solutions**

16:00–17:30

PS6.1: Digital by design: integrating artificial intelligence and digital health into the NCD response

Session leads: Guy Fones (HQ), Clayton Hamilton (WHO Regional Office for Europe)

Moderator: Guy Fones, Adviser, Global Coordination Mechanism on NCDs, WHO

Speaker 1: Douglas Bettcher, Senior Adviser, Office of the Director-General, WHO

Speaker 2: Effy Vayena, Co-chair, Ethics for Artificial Intelligence Group of Technical Experts, WHO

Speaker 3: Dari Alhuwail, Member of Digital Health Technical Advisory Group, WHO

Speaker 4: Helen McGuire, Global Programme Leader on NCDs, PATH, United States of America

Speaker 5: Donovan Guttieres, Youth Delegate and Research Scientist, MIT Institute for Data, Systems and Society, United States of America

Speaker 6: Farshad Farzadfar, Director, NCD Research Centre, Tehran University of Medical Sciences, Islamic Republic of Iran

Speaker 7: Jack Fisher, Technical Officer, Global Coordination Mechanism on NCDs, WHO

Speaker 8: Cynthia Lam, Consultant, WHO

Speaker 9: Oomme John, Senior Research Fellow, George Institute for Global Health, India

Speaker 10: Michael Leitner, Senior Vice-President, International Sales, Virgin Pulse, United Kingdom

Rapporteur: Donovan Guttieres, Youth Delegate and Research Scientist, MIT Institute for Data, Systems and Society, United States of America

PS6.2: Urban health initiative: catalysing change at city level

Session lead: Nick Banatvala (HQ)

Moderator: Nick Banatvala, Head of Secretariat, UN Interagency Taskforce on Prevention and Control of NCDs

Speaker 1: Scarlett Oi Lan Pong, Sha Tin District Councillor, Hong Kong, China

Speaker 2: Poornima Prabhakaran, Deputy Director, Centre for Environmental Health, Public Health Foundation India

Speaker 3: Pil-Yung Kang, Deputy Mayor, Jongrogu District, Seoul, and Chair, Healthy City Partnership, Republic of Korea

Speaker 4: Randall M. Dobayou, Deputy Executive Director, Environmental Protection Agency, Liberia

Speaker 5: Jalila El Ati, Healthy Cities, Bizerte, Tunisia

Speaker 6: Carl Osei, Programme Manager, Occupational and Environmental Health Unit, Ghana Health Service, Ghana

Speaker 7: José Luis Castro, President and Chief Executive Officer, Vital Strategies, United States of America

Rapporteurs: Nathalie Roebbel, Coordinator, Air Pollution and Urban Health, WHO, Riitta-Maija Hämäläinen, Technical Officer, Division of Healthy Environments and Populations, WHO Regional Office for the Western Pacific, and Rewena Mahesh, Youth Delegate, Medical Student, and Global Health Policy Officer, Australian Medical Student Association, Australia

17:30–17:45	**Healthy break**
17:45–18:30	**Summary and conclusions** **Closing remarks** **Speaker 1:** Akjemal Magtymova, WHO Country Representative, Oman **Speaker 2:** Ali Al Hinai, Undersecretary of Planning Affairs, Ministry of Health, Oman
18:45–19:30	**Addressing the double burden of malnutrition and NCDs: from evidence to policy and programmes** **Session leads:** Francesco Branca (HQ), Lina Mahy (HQ) **Moderator:** Francesco Branca, Director, Department of Nutrition for Health and Development, WHO *Lancet*: Double burden of malnutrition series [link to *Lancet* policy briefing, Double-duty actions to address all forms of malnutrition: from evidence to programmes and policy]

Day 4. Thursday, 12 December 2019

8:30–12:00	**Site visits**	
13:00–14:00	**Lunchtime session: Country initiatives for suicide prevention** **Session lead:** Fahmy Hanna (HQ) **Moderator:** Fahmy Hanna, Technical Officer, Department of Mental Health and Substance Use, WHO **Speaker 1:** Jana Chihai, Associate Professor, State Medical University, Moldova **Speaker 2:** Alicia Solomon, Social Worker, Ministry of Public Health, Guyana **Speaker 3:** Mindu Dorji, Program Analyst, Mental Health Programme, Ministry of Health, Bhutan **Speaker 4:** Ahmad Hajebi, Director General, Department of Mental Health and Substance Abuse, Ministry of Health and Medical Education, Islamic Republic of Iran	
14:00–16:00	**Story-telling, community engagement and using mass media for raising awareness for mental health** **Session leads:** Tarun Dua (HQ), Fahmy Hanna (HQ)	**Regional meeting, WHO Regional Office for Africa: Accelerating the prevention and control of NCDs and mental health in the African Region** **Session lead:** Steven Shongwe (WHO Regional Office for Africa)

Regional meeting, WHO Regional Office for the Americas: Achievements and challenges in implementing the Regional NCD Plan of Action 2014–2019, and relevance to Strategic Plan 2020–2025 **Session lead:** Anselm Hennis (WHO Regional Office for the Americas)	**Regional meeting, WHO Regional Office for South-East Asia: Accelerating the prevention and control of NCDs and mental health for SDG target 3.4** **Session lead:** Mek Thamarangsi (WHO Regional Office for South-East Asia)
Regional meeting, WHO Regional Office for the Eastern Mediterranean: with the NCD and mental health focal points from the ministries of health of the Eastern Mediterranean Member States **Session lead:** Asmus Hammerich (WHO Regional Office for the Eastern Mediterranean)	**Regional meeting, WHO Regional Office for the Western Pacific: Accelerating progress to achieve SDG target 3.4 in the Western Pacific Region** **Session leads:** Hai-Rim Shin (WHO Regional Office for the Western Pacific), Warrick Junsuk Kim (WHO Regional Office for the Western Pacific), Martin Vandendyck (WHO Regional Office for the Western Pacific)
Regional meeting, WHO Regional Office for Europe: How to renew and refine the actions at country level to achieve SDG target 3.4 before 2030 **Session leads:** Bente Mikkelsen (WHO Regional Office for Europe), João Joaquim Rodrigues da Silva Breda (WHO Regional Office for Europe)	**Youth brainstorming session: How can young leaders engage to scale up action in countries for SDG target 3.4?** **Session lead:** Erik Landriault (WHO HQ)

Annex 3. Speeches

Ebrahim Al-Haddad, Regional Director for Arab States, International Telecommunication Union, Switzerland

Good afternoon. It is a pleasure to be here with you today to discuss how digital health can improve access to and quality of health services and to share with you concrete examples on how ITU partners with WHO and countries and other stakeholders in supporting the implementation of national NCD and mental health priorities and how we can work together to realize that potential.

ITU's collaboration with WHO goes back many years, and when the ubiquity of mobile phones and mobile networks (covering more than 95% of the world's population) was recognized back in 2012 as a way to reach out to nearly everyone on the planet, ITU and WHO created the ITU–WHO mHealth for NCD initiative, known as Be He@lthy, Be Mobile, to deliver advice to millions through their mobile phones.

There are many exciting advances in digital health that offer tremendous potential benefits, in particular in diagnosing NCDs. Take Parkinson's disease as an example. An application powered by artificial intelligence developed by Tencent is currently under clinical trial in London. In less than three minutes it could diagnose people living with the disease.

It is early days, but these advances in data mining and artificial intelligence hold great promise for the health care industry. It is why ITU and WHO joined forces last year to launch an initiative to leverage the power of artificial intelligence for health. The demand for this initiative was identified at ITU's AI for Good Global Summit, whose objective is to generate new AI projects that can accelerate progress towards the UN's Sustainable Development Goals. An ITU Focus Group on AI for Health was formed and has studied AI use cases, in particular for NCDs.

I would like to mention also the report of the Broadband Commission's working group on digital health for NCDs that was published in September 2018 and which provided practical recommendations and best practices on how policy-makers can use readily available digital technology to address NCDs.

Of course, it is essential to have industry input to the development of technical standards and that it why WHO is working closely with ITU, as ITU's membership includes over 600 private sector companies. We also have over 160 universities as members who contribute to the technical work. We recently launched the first technical standard developed in ITU, to the requirements identified by WHO, to protect children's and young people's hearing from listening to music too loudly on their smartphones.

ITU standards also support wearable e-health technologies such as blood pressure cuffs and glucose monitors as well as a wide range of activity trackers and devices helping with chronic conditions such as diabetes, hypertension and heart disease.

I would also like to shed light on an important regional activity designed to boost innovation on the use of big data for NCDs. ITU joined forces with UNESCO, UNDP, UNTIL and Health 2.0, along with the sponsorship of Novartis and Etisalat Egypt, to organize a regional challenge on big data for NCDs. Currently, 10 teams are tirelessly working on their innovations in this domain, and the winners will be announced on 19 December 2019.

Today, just over half of the world's population is connected to the Internet, and most of those are connected through their phone. Most of the unconnected people live in rural, remote and isolated communities which are difficult to serve due to terrain or poor return on investment. Connecting these people is essential to achieve universal health coverage.

Bringing affordable connectivity to people in these areas is essential if the Sustainable Development Goals are to be achieved, including SDG 3 – health and well-being for all.

So let me conclude by saying that ITU is keen to partner with all interested parties, especially the medical community, in this important endeavour to bring the benefits of the digital revolution to address the scourge of NCDs, and I look forward to discussing with you how we can better collaborate to do so.

Thank you.

Dr Ahmed Al-Mandhari, Regional Director, WHO Eastern Mediterranean Region

Excellencies, distinguished delegates, ladies and gentlemen,

It is a great pleasure and honour for me to address you once again.

In my opening remarks yesterday, I noted how important it is to tackle noncommunicable diseases and mental health if we are to achieve the health-related Sustainable Development Goals by 2030.

We have very little time to meet our targets. The theme of this afternoon's session is therefore absolutely crucial: rapid progress and quick results in addressing NCDs are possible.

Rapid progress? I know some of you will be sceptical about that, and I can understand why. We live in a diverse, dynamic and very challenging world. The Eastern Mediterranean Region offers plenty of examples. While some of our countries enjoy cutting-edge technology, others lack access to water, sanitation and electricity. Our people struggle with emergencies on an unprecedented scale, and all around we see poverty, conflict, unhealthy lifestyles and environmental degradation, bringing disease, disability and death.

Nonetheless, I believe we can achieve radical advances – if we work together. WHO has a vision for this region: Health for All by All. It reflects my conviction that health is too important to be the responsibility of health professionals alone. We need everyone to be involved and empowered to make the world a better place for everyone, everywhere, and ensure that no one is left behind. These are, of course, the guiding principles for the sustainable development and humanitarian agendas.

One thing is clear: business as usual will not suffice if we are to reach our development goals by 2030. But by working together, mobilizing international and domestic resources, utilizing them efficiently, and focusing on providing person-centred care across the whole continuum of promotion, prevention, management, rehabilitation and recovery, we can transform public health.

Distinguished delegates, ladies and gentlemen,

We have a duty to alleviate human and financial suffering. That must include providing care for some of the most debilitating conditions known to humanity – cancers, diabetes, cardiovascular and lung diseases, depression, psychosis, addiction and suicidal behaviour. And we must also tackle the risk factors that cause them, such as tobacco and substance use, unhealthy diets, physical inactivity and air pollution. By doing so, not only will we improve the health and well-being of individuals and communities, we will also reap tangible financial and developmental dividends.

People are counting on us. World leaders have promised health and well-being for all at all ages, with no one left behind. So we are accountable for making a difference in the lives of billions.

We know what works. There are tried and tested solutions. Now we must work together to apply them – to move forward, boldly and in unison, and realize the vision of Health for All by All.

Thank you.

Abdulla Ameen, Minister of Health, Maldives

By restricting the marketing of unhealthy foods and drinks to children through administrative measures, and implementation of the code on breast-milk substitutes through proxy

regulations, Maldives has overcome the challenges posed by the absence of a Food Act or other such specific legislation.

Maldives has successfully implemented measures to reduce unhealthy diets, in particular restrictions on marketing directed to children as well as on marketing of breast-milk substitutes (BMS). We have long developed measures in a set of regulations that cover all elements of the BMS code. However, implementation of these measures has until recently been hampered by a number of issues.

Maldives is an imports-dependent country. Importers and distributors face various challenges in adhering to the measures, mainly due to lack of local manufacturing as well as the limited quantity of orders. A particular challenge has been on labelling.

We still do not have enabling legislation to govern these measures. The Food Act, which is still in the process of passage through Parliament, will give much needed legal powers to enforce measures. Advertising bans have been largely ineffective, due to limited collaboration across the various government bodies that govern advertising in various media, again coupled with the lack of enabling legislation.

However, through collaborative efforts with the Ministry of Economic Development, we have been able to give legal effect to the BMS code by invoking elements of the Consumer Protection Act, as well as laws and conventions on children's rights. We are now able to enforce labelling and advertising and marketing bans related to BMS and other unhealthy foods and beverages targeted at children. We are also able to enforce bans to some extent on some forms of advertising and on some media platforms.

Through a government policy enforced by the Ministry of Education at all educational establishments, we have been able to ban the sale, placement, marketing, promotion and consumption of energy drinks and other high sugar beverages and unhealthy foods within school premises, as well as their marketing in the vicinity of schools. We have also been able to stop or ban all sponsorships of school sports and recreational activities by brands producing these types of beverages. The sale, marketing, consumption, and placement of energy drinks are also banned at all health facilities, by executive order of the Ministry of Health.

Through a government-led campaign to better inform people to avoid unhealthy products, The Ministry of Health has issued circulars as well as provided guidance on how to manage healthy canteens and eateries within government institutions. It has also provided guidance and orientation on how to hold healthier events for staff, and advocated that sponsorships from unhealthy products are not accepted.

The Ministry of Health has been leading by example, by not placing unhealthy foods and drinks on the menu during ministry-organized events. This is now being replicated during most national functions.

Thank you.

Kwanele Asante-Shongwe, Lawyer, Bioethicist, Person Living with NCDs

Your Excellencies, Director-General Tedros, dignitaries, ladies and gentlemen, fellow people living with NCDs,

I am a lawyer and bioethicist by training and a person living with three noncommunicable diseases (in remission for breast cancer, and in active treatment for bipolar mood disorder and congestive heart failure). I am privileged as a black South African to have access to the highest quality of treatment and health services for my diseases. But my treatments come at a hefty cost in health insurance premiums and out-of-pocket payments for essential medicines. Millions of other people with NCDs in my country and around the world lack equitable access to quality health services and essential medicines for their conditions.

As world leaders you have committed to accelerating our global responses to NCD prevention and control through your Heads of State commitments of 2011, 2014 and 2018. I thank you and laud you for your political efforts. However, as a person living with NCDs, human rights lawyer and global health justice activist,

I can tell you that you have not done enough to increase the pace towards ensuring dignified and just lives for the majority of people living with NCDs globally. There exist major health disparities in countries and between countries. As was the case in the early days of the global HIV/AIDS pandemic, rich people with NCDs fare better because they have money to purchase vigour and vitality. They live longer because they can afford to pay for life itself.

I am here to ask you:

Firstly, Consider setting up a Global Fund for NCD prevention and control, as was done for HIV/AIDS. The NCD pandemic is fast growing. It causes large-scale deaths, disabilities and financial impoverishment for people living with and affected by NCDs globally. We need a global fund that will help accelerate our NCD prevention and control response uniformly in all parts of the world. Please set up a global NCD fund to ensure that no one is left behind due to their national passport, geographical location or the size of their wallet. Let's honour the UN promise of the right to the highest attainable standard of health as a fundamental human right of every person.

Secondly, end the discriminatory language around NCDs. As a person living with NCDs, I feel highly stigmatized and discriminated against every time I hear my illnesses referred to as "lifestyle diseases". This tag suggests that I chose to acquire these life-threatening diseases due to my poor personal choices. Why put the blame on us patients instead of addressing the underlying biological and structural causes of NCDs. Why blame us patients instead of holding nation states accountable for their failure to provide regular access to health information on NCDs?

I implore you to boldly address the global health harms of the commercial determinants of health, such as the fast foods industry, and their seductive and disproportionate marketing of sweet, salty and fatty foods as aspirational foods in developing countries and in poor communities of colour globally.

I implore you to be bold and address the health harms of alcohol. Consider setting up a global framework on alcohol control to stringently regulate the sale of alcohol globally, as was done with tobacco.

I implore you to be bold and address the health harms of unfair trade agreements that demand that poor nations give TRIP Plus flexibilities to multinational pharmaceutical manufacturers, leading to unconscionably high prices of medicines, thereby making potentially lifesaving treatments financially out of reach for the millions of desperately sick patients who need them.

Thirdly, I implore you to use the language of human rights to create a world that is fair, just and holistically supportive towards people living with NCDs. Please continue to include us in high-level global health deliberations as partners in our own health. We are talented and interested members of society who can make invaluable contributions to global health policy-making.

Thank you for affording me the opportunity to address you.

Aastha Chugh, Youth Delegate and Research Assistant, HRIDAY, India

A very good evening to one and all present here. My name is Aastha Chugh and I am a dental surgeon and a public health professional from India. Currently, I am working with HRIDAY, a non-profit organization in New Delhi, which focuses on addressing NCDs from a health and development perspective. HRIDAY has been instrumental in engaging youths in India and globally to become health advocates through global youth meets and to demand health-promoting policies to prevent and control noncommunicable diseases (NCDs).

Building from my experiences, both personal and professional, I have been keen to contribute towards the most preventable cause of disability and death – the NCDs. I come from a nation where 28% of the total population are youths, the largest in the world. In fact, the global youth population (15–24 years) is projected to rise to 1.4 billion by 2050. But it is unfortunate that, out of 73% of total deaths occurring due to NCDs in the world, a quarter occur at a young age. Often

neglected and ignored, youths are also affected by inequality, increased disease burden, poverty, injustice, lack of education and various prevalent social concerns, and are therefore linked to overall sustainable development. The unprecedented threat that our countries face from NCDs, in terms of physical and mental health, economic growth and development, is a serious roadblock for youths in reaching their potential as productive citizens.

The NCD-linked risk factors are predominantly associated with behavioural patterns, which are largely adopted at early ages. To ensure that adolescents and youths flourish on the road to adulthood, there is a need to invest now in preventing NCDs and promoting positive mental health. Now is the time to meaningfully involve youths in promoting a life-course approach (from prevention to palliation) for NCD prevention and control. Interventions, programmes and policies with and for the benefit of youths can improve the prevailing socioeconomic, environmental and political aspects of the NCD response.

We feel that along with being the target audience of the government's policies and programmes which address NCD risk factors, we, the youths, can also be effectively engaged as valued and responsible stakeholders. We can contribute to various ongoing efforts nationally as well as globally, particularly in supporting health-promoting policies and monitoring NCD targets.

I, on behalf of young people, request the honourable panellists and dignitaries present here to:

prioritize targeted youth-led health promotion activities to address NCDs and related risk factors among families, schools and communities in line with the national policies and programmes;

- provide an opportunity for young champions to participate in and contribute to global, national and subnational strategic discussion and planning on issues related to their health and well-being, particularly related to preventing exposure to unhealthy commodities, such as tobacco, alcohol, food high in fat, sugar and salt, among young people;
- endorse services that promote physical activity and positive mental health and address issues related to air pollution;
- support youth capacity-building on leadership, policy development, research and community engagement;
- provide facilities for early screening of NCDs for young people below the age of 30 years under the universal health coverage agenda.

Young people hold high potential for bringing comprehensive change to the global response to the NCDs and SDGs. I, on behalf of young people, sincerely look up to your inspiring leadership to empower the young people to lead health campaigns and support their governments and country NGOs in building an NCD-free space! Thank you!

Thomas Cueni, Director-General, International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), Switzerland

I would like address the question of how IFPMA and its member companies can help in advancing access to NCD medicines in lower- and middle-income countries, in addition to individual access programmes.

Firstly, I want to say what a pleasure it is to be here in Oman with you all, to discuss how we can move forward on meeting target 3.4 on NCDs and mental health. Addressing the NCD challenge is so critical to achieving UHC and yet we know that the resources being spent on NCD prevention and control are disproportionately low compared to the health and economic burden posed by NCDs.

The biopharmaceutical industry, represented by IFPMA, is no stranger to the multistakeholder dialogue on how we can work together to enhance access to NCD treatment and care. I was sitting with some of you back in 2017 in Montevideo, where we had a good discussion, ahead of the 2018 Political Declaration, on how to ramp up our efforts and what we are doing in this space.

At a time when raising significant resources for action on NCDs seems to be a challenge, I am proud that our industry has shown its leadership and commitment to this disease area by establishing and providing continued backing to Access Accelerated, an industry initiative that is supported by 24 pharma companies. The initiative was designed to strengthen health systems in partnership with local and global partners and supports work on the ground to improve prevention, diagnosis and treatment of noncommunicable diseases (such as cardiovascular diseases, diabetes and cancer).

For reasons of time, I want to single out one project which we support: the City Cancer Challenge (C/Can). It is quite unique, because it is a bottom-up initiative based on city governments from low- and middle-income countries bidding to become a partner of the C/Can initiative, rather than a top-down gift, which is not always wanted. The programmes in the cities – Cali, Asunci**ó**n, Yangon, Kumasi for a start, now joined by Porto Alegre, Tbilisi, Le**ó**n, Kigali and Greater Petaling – are driven by local steering committees, and they get technical support from C/Can. With a focus on low- and middle-income settings – where the disease burden is often high – the City Cancer Challenge represents more ambitious, joined-up thinking that is trying to move beyond the piecemeal nature of individual programmes into something more coordinated and hence potentially more impactful.

Having said that, we are cognizant of the fact we need to move beyond health systems strengthening at times and we are sensitive to the debate about cost and pricing. Through innovative financing mechanisms, transformative treatments are already now reaching patients. New partnerships, not least with industry, are enabling health authorities to reach many more patients in low- and middle-income countries.

From our perspective, the way to improve access to medicines – quality generics as well as innovative drugs – is to ensure that they reach the patients and create conditions which allow for differential pricing to make innovative medicines more affordable and accessible in low- and middle-income countries. Critical to making this happen is a form of "social contract", whereby we all commit to do our part to genuinely move the needle on improving access to medicines. The UHC2030 Private Sector Constituency statement is a good example outlining the enablers for success in achieving universal health coverage and active private sector involvement. Critical enablers which are all equally applicable to NCDs are (a) processes that allow for structured and meaningful engagement of all partners, (b) national health strategies and plans, (c) a robust regulatory and legal system, (d) more and better investment in health, and (e) the appropriate capacity to work with non-State actors.

As countries progress and develop, it is only right that they step up and take increasing responsibility for building their health systems and investing in their most important asset – people – and so the social contract becomes even more important. Our companies are able and willing to explore new avenues for improving access to NCD medicines, but what we bring is only one piece of the puzzle. Concluding, we urge all the other stakeholders to come to the table and foster the right environment for the private sector to engage with purpose and in a way that can make the most of our capabilities.

Thank you.

Oxana Domenti, Permanent Representative of the Republic of Moldova to the United Nations and Specialized Institutions atGeneva, Switzerland

Excellencies,

I would like to first express my sincere appreciation to the organizers for the invitation and the opportunity to speak about the role of parliamentarians in the prevention and control of NCDs. Drawing from my almost ten years' experience as an MP, I can firmly state that the role of parliaments is vital in this area of intervention (NCD control and prevention).

I am certain that no one needs to be convinced about the fact that parliaments have both the authority and the responsibility to promote the highest standards of health and well-being for

their people. Parliaments are also equipped with a full range of powerful tools in order to fulfil this mission. As a former MP, I have tried and – I like to believe – succeeded to make full use of the instruments at my disposal in order to move the health agenda forward.

I fully share the idea that health is a question of political will and political choice. Health (policy) requires strong leadership and broad and bold political commitments, going beyond the health sector. With this in mind, I would like to commend Director-General Tedros for successfully mobilizing more and more high-level political support for health, including at parliamentary level.

In this sense, I commend the inspired initiative of the joint efforts with the Inter-Parliamentary Union (IPU). This partnership has already borne fruit in the (recent) adoption by the IPU Assembly of the resolution "Achieving UHC by 2030: the role of parliaments in ensuring the right to health", drafted jointly by WHO and IPU.

The IPU resolution rightly underlines the fact that the prevention and control of NCDs represents an essential part of UHC and public health and of human rights in general. It also underlines that scaling up the national responses to address NCDs requires a multisectoral approach with close collaboration and coordination between all stakeholders, and urges all parliaments to take effective actions to ensure the universal right to health.

At the global and regional levels, there are also many other high-level NCD-related declarations that provide clear guidelines for countries to effectively protect people's health and to address unhealthy behaviours. However, the success of any of these high-level commitments depends on how they are being translated into concrete actions at the national level. And here we all have to do better and more and hold our leaders, MPs, governments and ourselves accountable for the promises made.

In my view, parliamentarians can and should assume multiple responsibilities in combating NCDs. First of all, by setting the priorities at the national level, framing the political agenda, and becoming NCD champions, they can start raising awareness of the increasing magnitude of the health and economic burden posed by NCDs.

Secondly, parliamentarians can and should draft, develop, promote and adopt effective laws to promote healthy lifestyles and address the risk factors of NCDs, such as alcohol, tobacco use and obesity. For instance, the very strong Moldovan Tobacco Control Law, which is fully in line with the WHO Framework Convention on Tobacco Control and provides regulations even for new tobacco products, was mainly drafted in our Parliament, under the leadership of the Health Committee and in partnership with government, civil society, WHO experts and others stakeholders. We managed to overcome all the vested interference of industry.

Third, parliaments are uniquely positioned to serve as a communication platform, acting as the interface between people, governmental institutions, civil society, professional and patient associations, academia, and international institutions.

Fourth, parliamentarians should use all their power to hold their respective national governments accountable for the effective implementation of national policies, legislation and NCD programmes, and for monitoring and measuring progress.

The fifth element is that through their budgetary prerogatives, MPs must lobby for resources in the context of always competing budgetary priorities, and ensure that adequate resources are allocated to NCD plans and strategies. Furthermore, parliamentarians should make use of fiscal measures for health, proven to be effective interventions, especially in the case of tobacco taxation, which serves as an accelerator to reduce tobacco use while generating over the past seven years additional budgetary revenues, rising 15 times.

And last but not least, MPs have to make sure that the additionally mobilized resources will increase the funds invested in health. Technical or political earmarking of the additional tax revenue towards health or health determinants enhances the political acceptability of tax increases for tobacco and unhealthy products. For example, the Moldovan Parliament last year managed to almost double the excise taxes on tobacco, provided the revenue will go to improving children's nutrition in institutions.

As a former MP, I have to point out that the solid empirical and evidence-based arguments about

the effects of fiscal interventions for health have been very helpful during our annual, very hot parliamentary debates on the issue.

This brings me to the last element of describing the roles and tools (arsenal) at the disposal of parliamentarians, who can and should create partnerships not only within their country and across party lines but also across borders. As a former MP, I have also been a member of several regional and global parliamentarian networks such as the IPU, Global TB Caucus and Parliamentary Network on the World Bank and International Monetary Fund. I found these peer-to-peer interactions very useful for sharing knowledge and best practices, strengthening capacity, mobilization, building political support for health, fostering intersectoral cooperation and partnership (with civil society and international organizations), better accountability, and, most importantly, driving sustained and coordinated actions at all levels with a significant potential and impact for translation of political declarations into concrete national contexts.

Such kinds of platforms have a huge untapped potential in the area of health, and we should explore more such partnerships to move forward the health and NCD agenda. So, in this line of thought, we've discussed with Director-General Tedros the idea of creating this kind of space of exchange for parliamentarians for health at the global level.

Such networks, which already exist at the regional level, the European Region being in the process of establishing its own network, have a huge potential to drive political support for health and especially for NCDs that need wide-ranging and complex responses.

Parliamentarians are best positioned to promote the "beyond health" approach that we are all talking about, and most importantly they can and should hold themselves and governments accountable for the implementation of the commitment to achieve health and well-being for all.

I thank you.

Eric D. Hargan, Deputy Secretary, Department of Health and Human Services, United States of America

As Secretary Azar and President Trump laid out at the United Nations General Assembly this fall, the ultimate goal of our health care agenda is better health for all people.

We know that we will not be able to reduce NCD prevalence and move toward this goal unless we focus on comprehensive solutions that have the evidence to back them up. That means comprehensive, multisectoral approaches, drawing from the expertise and ingenuity of all stakeholders, including civil society, the private sector, and all levels and layers of government – rather than one-size-fits-all, top-down, centralized approaches.

To address NCDs, all countries must also ensure they have the proper health care infrastructure, a workforce trained to administer primary care, and a consistent supply chain that gets drugs and medical devices to the end users. These challenges cannot be solved solely by donor countries but instead require engagement from individual countries, NGOs and the private sector.

I want to highlight briefly a few examples of the type of solutions that the United States has seen success with, which could be mirrored and scaled up in other countries.

For instance, we've seen a number of approaches at the community level that have worked in tackling NCDs. One is called the Coordinated Approach to Child Health programme, or CATCH, which brings together parents, teachers, child nutrition personnel, school staff and community partners to help teach children and their families how to establish healthy eating and exercise habits.

This evidence-based health programme has been implemented in thousands of schools and after-school organizations across the United States and Canada, building on a clinical trial that found the programme decreased fat consumption, increased physical activity and created lasting behavioural changes. The programme can be modified for different communities while maintaining the effective

elements we've seen from the science, showing that community and family engagement in public health interventions – not top-down mandates – can ignite change and reduce the disease burden in a community.

We've also worked closely with private sector innovators to develop new NCD treatments that can benefit the whole world. In 2017, the National Institutes of Health and 11 leading biopharmaceutical companies launched the Partnership for Accelerating Cancer Therapies, or PACT, a five-year research collaboration initially focused on identifying, developing and validating robust biomarkers to advance new immunotherapy treatments that harness the immune system to attack cancer.

We've also launched a major public–private partnership to drive innovation around kidney disease, called the Kidney Innovation Accelerator or KidneyX. Through KidneyX, we've already made awards to 15 teams across America with promising ideas around redesigning kidney dialysis, and we've heard from hundreds more teams who are entering the kidney space.

With our experts at the Department of Health and Human Services working closely with private sector and academic innovators, we are going to drive real innovation – including the possibility of an artificial kidney – in a space that has been lacking new technologies for far too long.

Finally, we've seen a role for better use of technology. In the United States, individual states, health plans, hospital systems and businesses have used telehealth to deliver cost savings and health benefits with regard to NCDs. Use of simple telecommunications technologies can help providers and patients connect even in our most rural areas, including delivering high-quality care for complex conditions, assisting with cancer screenings, and substantially improving adherence to medication for a disease like diabetes.

We must mobilize the resources of academia, civil society and the private sector in working toward real and practical solutions, like the ones I've described today. That is the path forward, on NCDs and in so many other areas, toward the better health we want for the people of all nations.

Thank you.

Kenan Hrapovic, Minister of Health, Montenegro

Honourable delegates,

Montenegro as any other country has been faced with an NCD epidemic of alarming proportions, which represents a primary cause of heavy disease burden, premature mortality and increased disability. Providing a sustainable and effective response to the NCD crisis has been recognized as a priority in our SDG agenda. Our position is – every premature NCD death is an indicator of the health system's performance.

We are committed to strengthening the health system towards integrated health services for the prevention, screening and control of noncommunicable diseases and related mental health disorders and other mental health conditions through the life-course, focused on patients and their needs rather than on diseases.

A sustainable and cost-effective response to NCDs is a continuous journey where a strong, effective and proactive primary health care system is recognized as a key vehicle for bringing quality services to all, where and when they need it, and with adequate levels of financial protection. We all agree that without quality primary health care services, UHC is an empty promise. And quality of care, especially patient safety, is essential to creating trust in health services. To deliver on this promise we have to include, invest and above all innovate. These are the three imperatives of our health sector reform.

Recently with WHO support, Montenegro conducted an assessment of the PHC performance in managing chronic conditions. The assessment revealed there is room for reducing inefficiency and waste, addressing high out-of-pocket health expenditures, improving quality and standardizing health care across the country in order to improve people's health and well-being. Despite the growing number of guidelines, their use in practice in Montenegro has been frequently reported as being unpredictable, inconsistent, often slow and disputable. This was identified as one of the key gaps in reducing preventable hospitalizations due to chronic conditions such as uncontrolled hypertension and diabetes-related complications.

According to some available evidence, approximately 30–40% of patients receive treatment that is not based on scientific evidence, while 20–25% of patients receive treatments that are either not needed or potentially harmful. It has been well established that non-adherence to guidelines may result in unnecessary diagnostics and suboptimal or even inadequate treatment. Furthermore, during the past few years, it has become evident that development of a clinical guideline does not necessarily result in changing clinical practice and improving health outcomes. Hence, our focus has been reoriented from the development to the implementation of clinical guidelines. We strongly believe that consistent implementation of clinical guidelines to promote the systematic translation of available evidence into routine practice is an imperative for better health for all and a sustainable health system.

We have perceived these challenges as opportunities to transform our health system and improve its performance through digital technologies. One of the first and key messages delivered to our health care providers and front-line workers was: doctors will not be replaced by algorithms but health systems that do not use algorithms will be replaced by those that do.

We are aware that harnessing the power of digital technologies is essential for achieving UHC and delivering on our joint promise: to promote health, keep the world safe, and serve the vulnerable, contributing together to the "triple billion" targets in the WHO Thirteenth General Programme of Work. I fully agree with Dr Tedros, my brother, that "digital technologies are not a luxury but a necessity of the 21st century".

One of the priority actions taken with the great support of WHO, our strategic partner, was to digitalize a decision support system based on evidence-based clinical guidelines. We are planning to start piloting digitalization of the clinical guidelines for hypertension as of early 2020. So far we have digitalized clinical guidelines for detection and treatment of urinary infections, and the impact will be measured against three sets of indicators: use of antibiotics, laboratory diagnostics and preventable hospitalizations. We expect that WHO will help us again develop a similar M&E framework for digital clinical guidelines for hypertension. We need evidence on what sustainable digital system would ensure return on our investment and protect us from being mesmerized by new digital technologies.

We are aware that digital technologies are not ends in themselves. Also, if not used carefully and in a balanced manner they may bring privileges for some instead of " ensuring that health is created and spread to reach all members of our society equitably".

In addition to this digital intervention intended for the front-line health care workers and for better health resource management, we are planning one more intervention for our patients – to bring mental health care services closer to our young people in a society with omnipresent stigma and discrimination.

When starting with this pilot – but also with other similar innovations or digital projects promising that better health will be just a click away – we faced scepticism, opposition and lack of trust. But as Mandela said: "It always seems impossible until it is done." But when it is done, we have to measure it and prove it works – not only money wise, but also for better health for all. That is why I invite WHO, our strategic and reliable partner, to help us keep innovating, building investment cases for NCD prevention and digital health, and documenting and sharing our success stories. To keep walking our talk we need data, because without data we are just another opinion.

Thank you.

Jamil Jabak, Minister of Public Health, Lebanon

Esteemed colleagues, esteemed guests, ladies and gentlemen,

It is a great pleasure and honour to be amongst you today, in a country that has always been a supportive bond, at both the human and the scientific and professional levels. I am glad to present the case of Lebanon in terms of NCDs and mental health.

Lebanon is a middle-income country characterized by a population of around 4.5 million Lebanese citizens and approximately 1.5 million refugees, predominantly fleeing from the ongoing armed conflict in neighbouring Syria. The Lebanese health care system is well known for its resilience and ability to absorb shocks. Over the past decades, Lebanon has witnessed a sustained improvement in most of its health-related indicators. This has happened despite Lebanon being a very difficult and challenging setting. One of the key health system initiatives at the heart of this resilience and progress has been investment in noncommunicable disease management and prevention.

The NCD situation in Lebanon can be summarized as follows: in the early 1990s, Lebanon completed the epidemiological transition, and today its morbidity is similar to that of more developed countries, with high rates of ageing and noncommunicable diseases constituting the major proportion of morbidity and health care costs.

Over the past decades, the Ministry of Public Health has worked through multisectoral collaboration to prevent and control noncommunicable diseases by focusing on the following levels.

First, surveillance systems have been developed capable of monitoring noncommunicable disease patterns and associated risk factors as well as the effects of prevention and control interventions. The systems capture data about residents of all nationalities, including refugees and the host population, through such means as the National Cancer Registry, established in 2002; national comprehensive studies on NCDs with academia (including STEPS); development of electronic medical records in primary health care centres; and establishment of a mortality data pathway in collaboration with WHO and private and governmental hospitals to identify causes of death in 2017.

Second, an NCD package has been introduced in the national primary health care network. In 2013, the Ministry of Public Health started a new CVD screening and prevention package in the network of 236 primary health care centres across the national territory. The prevention package includes screening for NCDs (all beneficiaries above the age of 40), health awareness and prevention campaigns, and screening tests.

Third is the essential chronic medication programme. The Ministry of Public Health provides essential medications for chronic diseases – diabetes, hypertension, heart disease and osteoarticular conditions – through the network of 236 primary health care centres.

Fourth, awareness campaigns and the provision of screening tests for diabetes and breast cancer (mammography) have been carried out since 2002, as well as pap smears, all free of charge or subsidized to both Lebanese people and Syrian refugees.

Fifth, a plan has been adopted for the prevention and control of noncommunicable diseases, 2016–2020.

Finally, regarding mental health, the Ministry of Public Health launched the National Mental Health Programme in partnership with WHO, UNICEF and the International Medical Corps in 2014, and is currently working with more than 40 partners on reforming the mental health system through a five-year strategy.

The Ministry of Public Health aims to scale up quality community-based mental health services, starting from integrating mental health into primary care through the UHC agenda, and progressing to introducing community-based mental health services, opening psychiatric wards in public hospitals, and reducing beds in psychiatric hospitals.

Challenges are many. It is critical to band together with the international community and strengthen links to better the lives of the population.

Wilhemina S. Jallah, Minister of Health, Liberia

Honourable ministers, My colleagues from the WHO African Region and Geneva, participants from other regions, ladies and gentlemen, I bring you greetings from the people of Liberia.

Liberia is a tropical country on the west coast of Africa that shares boundaries with Côte d'Ivoire to the east, Guinea to the north, Sierra Leone to the west, and the Atlantic Ocean to the south. It has a population of approximately 4.7 million. It ranks 181st out of 189 countries in terms of the human development index (HDI), according to the UNDP report of 2017. Liberia is ranked as a lower-income country by the World Bank. Liberia faces a huge economic and health challenge and is still suffering from the effects of the 14-year civil crisis and the Ebola virus outbreak that killed more than 4000 people.

The country suffers from a huge burden of noncommunicable disease. Due to the increased attention paid to the prevention and control of communicable, maternal, neonatal and malnutrition diseases, and less attention paid to NCDs, the relative proportion of all causes of the disease burden due to NCDs has more than doubled in the last two decades.

According to results from the Global Burden of Disease Study, deaths due to NCDs constitute about 43.4% of all deaths in the country. The common NCDs in Liberia include hypertension, cancers, diabetes and chronic obstructive pulmonary diseases. Others include mental and neurological illness and substance use, sickle cell disease, injury and death due to road traffic accidents, asthma and cirrhosis of the liver.

There is an NCD unit and a mental health unit established at the Ministry of Health, with the overall goal of providing increased access to interventions and services to prevent and manage NCDs and their risk factors.

To address this huge burden of NCDs, the Ministry of Health established the Liberia Noncommunicable Diseases and Injuries (NCDI) Poverty Commission in January 2017. The objectives of the Liberia NCDI Poverty Commission were to explore and quantify the burden of NCDIs (particularly in relation to poverty) and current service availability and to propose an expanded list of priority NCDIs and interventions that could have a favourable impact on the health and economy of Liberia. After reviewing data on the overall burden of disease, equity profiles of disease conditions, severity and disability of illnesses, and age profiles of those affected, the Commission selected 19 NCDI disease conditions to be included in an expanded agenda on NCDIs and proposed several recommendations for cost-effective interventions to address priority NCDIs, especially for the most vulnerable, thus reframing noncommunicable diseases for the poorest billion.

The NCDI Poverty Commission is composed of a group of experts within Liberia in the field of NCDIs and other related fields. These experts included leaders from the Ministry of Health, government institutions (including the Ministry of Justice, Ministry of Gender, Children and Social Protection, National Environmental Agency, LISGIS, National Commission on Disabilities, National Public Health Institute of Liberia, Ministry of Education), medical training institutions, referral hospitals, World Health Organization, World Bank, civil society (Diabetes Management Association, Liberian Cancer Society) and nongovernmental partner organizations (Partners in Health, Sightsavers).

With the support of this multilateral collaboration and cooperation, a lot has been achieved and a very promising future is envisioned with the plans and structures put in place to tackle the menace posed by NCDs. Prominent among these achievements are the following.

- NCD pilot clinics have been established at the J.J. Dossen Hospital and Plebo health centre in Maryland county using the WHO PEN and PEN-Plus protocols to provide services for people with mild to severe and chronic NCDs. Since its establishment in 2017, more than 889 clients have been enrolled up to 2018. Plans have been finalized to roll it out to six counties on a regional basis and to cover the 15 counties during 2020–2025.
- Palliative care has been established at one of our referral hospitals to provide services for clients with chronic pains and side-effects of other treatments, improving the overall quality of life. About 50–75 clients have been seen between April 2018 and the present. Plans are under way to roll out palliative care at the community level in two counties.
- The National Cancer Registry has been re-established and is now collecting data from six major facilities that are providing

treatment for people with cancer. In the third quarter of 2019, 1196 cases were reported, with 693 confirmed cases.

- A chronic care clinic for paediatrics is in operation at the John F. Kennedy Memorial Hospital, where newborn screening and management is done for sickle cell disease and neoplasms.
- A Road Safety Council and Road Safety Secretariat have been established, followed by subsequent development of the National Road Safety Action Plan 2018–2023 to address issues of road safety. Liberia is rated at 35.9 deaths per 100 000 people, according to the WHO *Global status report on road safety 2018*.
- NCD-focused policy documents, protocols and guidelines have been developed and disseminated, such as the National Cancer Policy, National Mental Health Policy and Strategic Plan, Protocol for the Management of Substance Use Disorders, and passage of mental health legislation for the provision of services and the protection of the rights of people with mental health problems.
- Capacity-building has been carried out through the training of 402 nurses and physician assistants as mental health clinicians and child and adolescent mental health clinicians to manage adults and children with mental disorders, and the training of 20 addiction professionals to manage people with substance use disorders. More than 800 primary health care workers were trained in the WHO mhGAP Intervention Guide to detect, manage or refer people with mental health conditions.
- Four mental health units have been built in four counties, improving access to care for people with mental disorders.
- Liberia is making significant strides to fight the growing burden of NCDIs, especially given our struggling economy, using an integrated multisectoral prioritization of NCDI prevention, screening and diagnostics, treatment, and management to avert death, disability and impoverishment for patients and their families.

Despite all of these, there still exists a huge challenge to mitigating the barriers to access to NCDI care and investing in NCDI implementation to achieve global targets for NCDs, improve health outcomes, and ultimately enhance universal health coverage. Some of these challenges include lack of funding to implement NCD activities; low human resource capacity to implement NCD activities, especially the lack of specialists; lack of sufficient essential health products, especially oral morphine and technologies for the management of NCD problems; and lack of information and research on NCDs.

To achieve key SDG and UHC targets, continuous and concerted efforts are needed, with the contribution of all disciplines and sectors nationally and support from civil society and our global partners.

I would like to thank WHO for extending me the invitation to attend this Global Meeting. Special thanks to all our partners, especially WHO, for their support through their country office to the Ministry of Health for expanding our NCD agenda.

Miguel R. Jorge, President, World Medical Association

The World Medical Association is the global federation of national medical associations, from 113 countries, representing around 10 million physicians. Mostly known by its Declaration of Helsinki, related to ethical principles for medical research involving human subjects, the WMA has almost two hundred policies covering different issues of interest to physicians and global health, some of them related to noncommunicable diseases, mental health, and environmental issues, and others related to general health issues and medical education.

The World Medical Association considers that health is a matter of concern to different professions, where physicians have a role to play in health promotion and disease prevention to the general public, besides providing good quality care for patients in medical services. Medical attention needs to be initially delivered in primary care services, under a universal health coverage model, to guarantee equitable access to effective and timely health care for all.

There is an estimated worldwide shortage of 18 million health professionals – particularly physicians – and even those in practice need to be better prepared to tackle noncommunicable diseases, including mental health, and effectively contribute to decreasing the global burden related to them.

In general, medical education and training place a strong emphasis on the biological aspects of diseases and their treatment but, particularly for NCDs and mental health, there is a need for physicians to also take into consideration psychosocial aspects affecting and/or surrounding their patients. The World Medical Association considers that, under those circumstances, the physician–patient relationship requires enough time at each contact to allow for a comprehensive person-centred approach, which often means more time than is usually provided. In the mental health care field, more time when caring will certainly reduce the adoption of coercive measures and involuntary treatment, as is currently observed in different parts of the world.

In a statement last revised two years ago, the World Medical Association considers three continued levels of medical education: basic (undergraduate) education, postgraduate medical education, and continuing professional development, which includes continuing medical education (known as CME). Academic institutions mostly do the first level, the second one usually takes place in hospitals and community services, and the third one is mostly provided by medical associations (usually through courses and training programmes, as well as through their scientific congresses). In some countries, medical associations also contribute to CME, preparing evidence-based diagnostic and treatment guidelines that can be adopted by different public and private health care services.

The task of enhancing the competencies of the health workforce to tackle NCDs and other diseases, especially considering that all health professionals will carry on the responsibility to develop not just health care but also health promotion and disease prevention, will require partnership among different stakeholders, including civil society. The World Health Organization and, locally, ministries of health have an important role to play in coordinating and supporting such efforts.

Thank you for your attention.

Akjemal Magtymova, WHO Country Representative, Oman

Akjemal Magtymova, WHO Representative, Oman

Your Excellencies, Distinguished Guests, Ladies and Gentlemen:

It is my privilege to welcome a world-class array of public health professionals to Muscat and to the Global Meeting to Accelerate SDG target 3.4 on Noncommunicable Diseases and Mental Health.

First of all, I would like to extend greetings to HE Dr Mohammed Al Hosni, Undersecretary of Health Affairs, representing the Ministry of Health of Oman, HE Dr Ali Al Hinai, Undersecretary for Planning Affairs, and HE Dr Sultan Al Busaidi, Adviser to Oman MOH, who are present today. A special welcome to Dr Ahmed Al Mandhari, Regional Director for the WHO Regional Office for Eastern Mediterranean and Dr Piroska Ostlin, acting Regional Director for the WHO Regional Office for Europe; my colleagues from across six levels of the Organization and Dr Svetlana Akselrod, Director of the Global NCDS Platform.

I am delighted to sense the vibrant atmosphere and spirit of cooperation in this room: with this spirit, we are going to be able to accomplish a lot together in the coming days. And let me tell you, our quest here this week is not purely academic. I will "Walk the Talk" alongside all of you later this evening – and the weather seems to be permitting!

Many of you have made long journeys to be here.

We have all been on a journey, together and individually, to arrive at this point, and I mean this both professionally and personally. The passion to help others – often deeply personal – made us choose medicine or science, combined with public health, to make a difference. Each of us has a greater reach beyond the individual patient, impacting whole populations, as you

and other experts here have experienced through applying your extraordinary talents and intellect to the challenges of Noncommunicable Diseases (NCDs) in your day-to-day work and decisions.

Why am I so encouraged that our conversations will yield actionable steps? Because never before in the 41 years since the Alma-Ata declaration have we been poised to make such progress globally, thanks to tangible advances since 2011 made by the WHO Member States.

A WHO Member State since 1971, Oman provides more than a beautiful backdrop and warm hospitality this week. Together with WHO, Oman's Ministry of Health and other government agencies, the UN Task Force on NCDs, along with public and private practitioners in the health sector, have delivered visible and measurable progress tackling NCDs and their underlying causes, social determinants and risk factors, through prevention, treatment and rehabilitation. Significant steps have been made to strengthen NCD surveillance, to monitor progress, and to integrate State and Non-State Actors as true partners in cross-sector collaboration.

Sincere thanks to HE Dr Ahmed bin Mohammed bin Obaid Al Saidi, Minister of Health of Oman, whose leadership on NCDs and diplomacy through public health are recognized widely and have earned the global spotlight. Under His Excellency's leadership, and the wise guiding hand of His Majesty Sultan Qaboos, Oman not only invests its resources in evidence-based policies to address NCDs, with multisectoral collaboration. Oman also shares its knowledge, experiences, and breakthroughs generously. This includes the work of the recently established WHO Collaborating Center on Quality and Patient Safety Training. Just last month, Oman's Public Health Emergency Operations Center offered to share their proprietary technology platform's source code with WHO and the world, a step that will have saved other countries expense and time, thus saving lives.

Ladies and Gentlemen, the worldwide challenge ahead of us remains massive, to attain NCDs-related targets by 2030.

Our data tell us that if we continue with business-as-usual, people will continue to suffer. Only 40 countries will reach SDG target 3.4 by 2030.

But, if we start now, and work better together to support governments to implement WHO's tried and tested interventions, recommendations and technical packages, we can save eight million lives by 2030, and generate 350 billion US dollars in economic growth.

WHO contributes by offering evidence-based technical packages and tools to equip comprehensive responses across various fields – health, scientific, and social. This includes integrating NCD and mental health services in PHC, strengthening cardiovascular disease management, including psychological support in emergencies, and adopting approaches to preventing air pollution and improving accountability and monitoring. All we will be discussing this week encompasses learning from what works.

We have a lot to share and learn from each other, and through WHO's convening and coordinating role, we can take what is discussed here to every corner of the globe, including remote locations with under-served populations.

Finally, on behalf of the World Health Organization, I would like to express profound gratitude to the Government of the Sultanate of Oman for hosting this Global Meeting. Again, sincere thanks to HE Dr Ahmed bin Mohammed bin Obaid Al Saidi, Minister of Health of Oman, our host ministry, and various other Omani ministries demonstrating the integrated approach. Special thanks to HE the Minister of Sports Affairs and his team, who is our host for this evening's "Walk the Talk" event at the Sultan Qaboos National Stadium.

Thanks to the WHO champions, also the teams from all three levels of WHO and six Regions, who have been part of the preparations and organization of this event for the past months, and the members of the National Steering Committee of the MOH, under the leadership of Undersecretary for Planning Affairs, HE Dr Ali bin Taleb Al Hinai, whose team works hand in hand with WCO Oman and the larger teams.

Once again, I would like to extend a warm welcome to all of you and wish you a productive meeting and a memorable stay in the beautiful capital city of Muscat and to add that you are going to fall in love with Muscat and Oman as I have, and keep coming back!

Rocco Renaldi, Secretary-General, International Food and Beverage Alliance (IFBA)

Your excellencies, ladies and gentlemen, thank you for the opportunity to speak on this distinguished panel.

IFBA was established in 2008 to address collectively the challenges that NCDs pose to leading companies in the sector. IFBA has made a set of global commitments to WHO, which reflect the actions that the UN Political Declaration on the Prevention and Control of NCDs calls on the private sector to take.

IFBA's commitments are about product formulation and innovation, reducing nutrients of concern and increasing nutrients to encourage; responsible marketing; the provision of nutritional information to consumers; and the promotion of healthy lifestyles, in the workforce and across communities.

We are currently working on two areas that are highlighted as priorities in the WHO Programme of Work 2019–2023: the elimination of industrially produced trans fats, and salt reduction. On trans fats, we have already been able to make a new public commitment, which is to complete the phase-out from all our products worldwide by 2023, in alignment with WHO's global target and based on the WHO standard as set out in the REPLACE package. We are also working in cooperation with WHO, GAIN and Resolve to Save Lives to spread awareness and knowledge about industrial trans fat elimination in low- and middle-income countries.

To your opening question, this is an example of how it is possible to align industry and public health objectives. We are building on this initiative through our ongoing dialogue with WHO and are confident that we can extend this alignment to other areas.

More broadly, a juxtaposition of monolithic interests, such as "the public sector looking after the public good" on the one hand, and "the profit-driven private sector" on the other, are overly simplistic. This is because reputation matters to the bottom line too. And that is increasingly so, not least because more and more consumers today want to know what a company does, what it stands for, beyond making a good product. The same trend is becoming visible among investors and, just as important, now matters for talent attraction and retention.

Beyond reputation, sustainability – and I include public health in this – at some point starts impacting the bottom line too. If my supply of raw materials is under threat from climate change, I will take climate change seriously. If consumers stop buying my products because of concerns about nutrition, I will redouble my efforts to innovate and reformulate.

This is where interests start converging more forcefully. And there is emerging evidence that the brands that are integrating sustainability into business strategy are delivering superior shareholder returns too. Health and nutrition are today boardroom issues in IFBA member companies. Brand purpose is becoming integral to brand equity. This is the business case that, collectively, we must work to encourage.

To the second part of your question, indeed, accountability is central to good governance. IFBA companies hold themselves accountable through regular reporting on progress, including through a range of independent third parties. This is an area, however, where we need to do more. Because, right or wrong, industry-funded accountability mechanisms inevitably suffer from a credibility gap.

We are working in two areas in this regard. The first is collaboration with the Access to Nutrition Global Index, which independently ranks the performance of the twenty top global food and beverage companies in this area. Though there is more to do, the average score of IFBA companies is improving year on year; and the score of the IFBA companies in aggregate is higher than that of non-IFBA companies. The second area, still in its infancy, is collaboration with a global accountability mechanism that WHO is establishing, in cooperation with the George Institute and ATNI among others, to measure industry progress across our commitment areas.

Your excellencies, ladies and gentlemen, I don't want to give you the impression that there is full alignment of interests across the board or that we have found a magic formula for flawless accountability. There is much more to do. But

I do believe that today we are witnessing more rapid change than we have seen before – the business case has got stronger.

To accelerate and scale up progress, we will need to strengthen how we work together, driving that business case, without the expectation that we will agree on everything, but with the expectation that we will work to align interests wherever possible and that we will hold each other accountable. And from what I gather, the recommendations of the WHO High-level Commission on NCDs that are being launched here today will be a good roadmap to build on the foundations that we have laid.

Thank you.

Chioni Siwo, National Coordinator for Mental Health, Ministry of Health, Zambia

Mental health has finally been given the attention that it deserves. Mental health affects everyone, and is basically everybody's business. It can no longer be left to the health professionals alone, nor can it be left to governments to deal with. Challenges in mental health services are known and are similar in most countries, including stigma, lack of funding and inadequate staffing.

Partnerships with various stakeholders as well as WHO ensure that governments address mental health. A clear example is the SDG in which governments committed to reduce the burden of NCDs and mental health. Government can no longer ignore mental health.

Partnerships with civil society and nongovernmental organizations can hold government accountable. In Zambia, those organizations pushed for the Mental Health Act of 2019, to be passed in Parliament this year. Partnerships provide checks and balances, and help government implement policy by resource mobilization and funding. Partnerships with other stakeholders have helped with providing other interventions in addressing mental health, for example, use of cognitive behavioural therapy in communities in Zambia.

Where there are no psychologists available, training therapists in art therapy, with the support of other stakeholders, has been beneficial in the communities. The WHO mhGap has helped to address the training of health professionals who are not specialized in mental health. These in turn are able to assess and refer patients where necessary.

Partnership between the Ministry of Health and the University of Zambia, with funding from a collaborating partner, has led to the introduction of a Master of Medicine training programme in psychiatry. The programme has produced five psychiatrists and currently eight are in training. There is a total of only eight psychiatrists in Zambia.

Thank you.

Annex 4. Participants and listings

WHO Global Meeting Steering Committee

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Razia Pendse, WHO Representative, Sri Lanka

Minghui Ren, ADG, UHC/CD-NCDs

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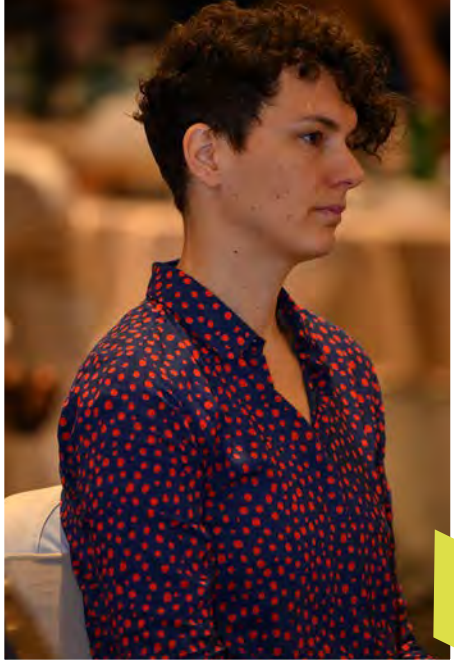
Photo Gallery


WHO Global Meeting to Accelerate
Progress on SDG target 3.4
on NCDs and Mental Health


noncommunicable diseases


Thank you


F. Branca

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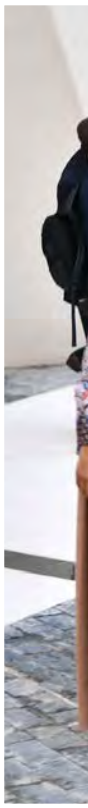
WHO INDEPENDENT HIGH-LEVEL COMMISSION ON NONCOMMUNICABLE DISEASES


WALK the TALK
WALK the TALK

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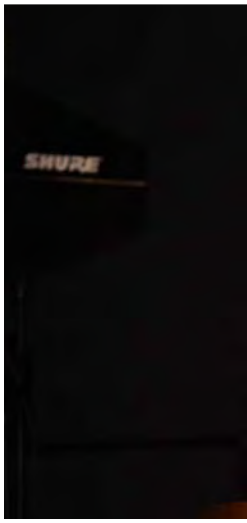
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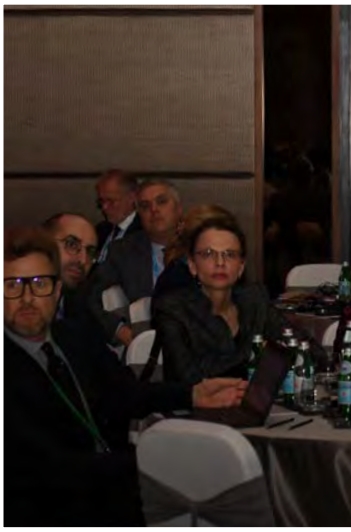

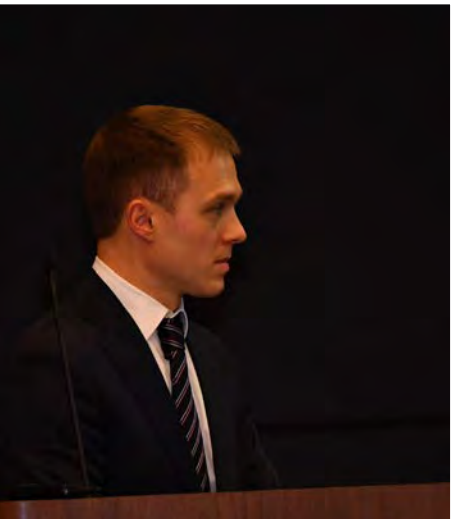


Plenary 6: Launch of the British Medical Journal (BMJ)
Special Collection on Solutions to Prevent and Control Noncommunicable Diseases and Enhance Mental Health and Wellbeing
https://www.bmj.com/ncd-solutions


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