

## Time to deliver: report of the WHO Independent High-Level Commission on NCDs



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### Message from the Co-Chairs

The 2030 Agenda for Sustainable Development, with its pledge to leave no one behind, is our boldest agenda for humanity. It will require equally bold actions from Heads of State and Government. They must deliver on their time-bound promise to reduce, by one-third, premature mortality from NCDs through prevention and treatment and promote mental health and wellbeing.

Because many policy commitments are not being implemented, countries are not on track to achieve this target. Country actions against NCDs are uneven at best. National investments remain woefully small and not enough funds are being mobilised internationally. There is still a sense of business-as-usual rather than the urgency that is required. Plenty of policies have been drafted, but structures and resources to implement them are scarce.

The challenge is not only to gain political support, but also to guarantee implementation, whether through legislation, norms and standards setting, or investment. We need to keep arguing for NCDs and mental health to have greater priority, but countries must also take responsibility for delivery on agreed outputs and outcomes, as stated in endorsed documents. There is no excuse for inaction, as we have evidence-based solutions.

The WHO Independent High-level Commission on NCDs was convened by the WHO Director-General to advise him on bold recommendations on how countries can accelerate progress towards SDG target 3.4 on the prevention and treatment NCDs and the promotion of mental health and wellbeing.

On behalf of all the Commissioners, we would like to express our thanks to the many representatives from Member States, non-governmental organisations, private sector entities, business associations, UN agencies, academia, and other experts who have provided ideas and advice to us over the course of the last few months.

The Commissioners have carefully considered all inputs received, including those from a Technical Consultation held in March, 2018 and an open web consultation in May.

The recommendations are given independently by the Commission for the consideration of the WHO Director-General, Heads of State and Government, and other

stakeholders. This report is not intended to be an exhaustive list of possible policy options and interventions.

The Commissioners represented rich and diverse views and perspectives. There was broad agreement in most areas, but some views were conflicting and could not be resolved. As such, some recommendations, such as reducing sugar consumption through effective taxation on sugar-sweetened beverages and the accountability of the private sector, could not be reflected in this report, despite broad support from many Commissioners.

Nevertheless, as the first phase of the Commission's work, we are delighted to be able to present to the Director-General a set of recommendations that we believe will help accelerate action against NCDs.

### Introduction

Recognising the lack of adequate global progress in combating non-communicable diseases (NCDs) and the very real possibility that Sustainable Development Goal (SDG) target 3.4 will not be met, WHO Director-General Tedros Adhanom Ghebreyesus established a new Independent High-level Commission on NCDs in October 2017.

Five Co-Chairs were appointed to lead the Commission, and 21 eminent persons to serve as Commissioners, drawn from all WHO regions, and with experience and expertise from across government sectors, organisations of the UN system, NGOs, the private sector, philanthropy, and academia.

Dr Tedros asked the Commission to identify bold recommendations to enable countries to curb the world's leading causes of death and so extend life expectancy for millions of people. He asked for recommendations on how to intensify political action to prevent premature death from cardiovascular diseases (stroke and heart attacks), cancers, diabetes and respiratory disease, to reduce tobacco use, harmful use of alcohol, unhealthy diets, and physical inactivity, and promote mental health and wellbeing.

Terms of reference for the Commission were published in October 2017. Note that although the focus is on meeting SDG target 3.4 (reducing premature mortality from NCDs), the Commission also took into account the enormous incidence of and untold suffering caused by NCDs and mental health across the lifespan, especially the impact on children and young people.

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Although the number of premature deaths has risen in the years 2000 to 2015, the probability of dying from any one of the four major NCDs is declining. This is mainly a result of two factors: a growing population aged 30 to 70 years, and falling mortality in only two categories, cardiovascular and chronic respiratory diseases. However, the global rate of decline, 17% between 2000 and 2015, is still not enough to meet the target of a one-third reduction in premature mortality from NCDs by 2030, as specified in SDG target 3.4.

### Policies and programmes that have best driven progress

Member States have adopted and taken action on a number of decisions that set out proven interventions, including the Global Action Plan for Prevention and Control of NCDs (2013–2020). The Global Action Plan also builds on other instruments and tools, including the WHO Framework Convention on Tobacco Control, the Global Strategy on Diet Physical Activity and Health, the Global Strategy to Reduce Harmful Use of Alcohol, as well as an Implementation Plan to guide further action on the recommendations of the Commission on Ending Childhood Obesity, and various WHO guidelines, including those on saturated and trans fats (currently in public consultation), sugars, sodium, and potassium intake. WHO's Comprehensive Mental Health Action Plan 2013–2020 lists actions and targets for Member States, WHO, and international and national partners to take to strengthen and integrate mental health prevention and prevention services, including proven interventions. The Commission's recommendations build upon these agreed instruments.

WHO reported on progress in implementation of these instruments to the United Nations General Assembly in 2010, 2011, and 2013, and 2017, with individual country data published separately in the WHO NCD Progress Monitor. The WHO Mental Health Atlas also provides a comprehensive, longitudinal, monitoring of the mental health system performance. Country scorecards are available in WHO's Think Piece "Why is 2018 a strategically important year for NCDs".

### Global commitments to prevent and treat NCDs

In recent years, awareness of the NCDs problem has been growing, with the UN and WHO calling for action on the issue in several international fora. Recognising that NCDs constitute one of the major challenges for development in the 21st century, which requires a multisectoral approach, as stressed in the Moscow Declaration adopted during the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control (Moscow, April 28–29, 2011), the UN General Assembly has convened two high-level meetings on NCDs. The 2011 meeting resulted in a UN Political Declaration, in which multiple commitments were made for the prevention and management of NCDs

by countries, and multilateral and donor agencies. Subsequently, WHO Member States agreed to a 25% reduction in premature NCD mortality by 2025 (25x25) and then adopted a set of risk factor and health system targets which, if met, would ensure achievement of the 25x25 mortality target.

In 2014, Member States adopted an Outcome Document at the UN General Assembly, which included four time-bound commitments, using 10 progress indicators, for implementation in 2015 and 2016. These commitments are: setting national NCD targets; developing a national plan; reducing risk factors for NCDs; and strengthening health systems to respond to NCDs.

Unfortunately, progress towards fulfilling these commitments has been disappointing. As of 2017, 83 countries had made poor or no progress on the four time-bound commitments (based on countries reporting fewer than five fully achieved indicators out of the total possible 19 indicators). No country has fully achieved all 19 indicators.

In 2015, countries agreed to the SDGs, including a specific health goal, SDG 3—"ensure healthy lives and promote wellbeing for all at all ages"—and a specific NCD target within the health goal, which is a one-third reduction of premature NCD mortality by 2030 through prevention and treatment of NCDs and the promotion of mental health and wellbeing (SDG 3.4). SDG 3.5 calls upon States to "strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol". SDG 3.a calls upon States to "strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate" and 3.b calls for support for research and development of, and provide access to, vaccines and medicines, for the communicable and non-communicable diseases that primarily affect developing countries. Countries made an additional commitment to act on nutrition and unhealthy diet through the Decade of Action on Nutrition, including actions to reduce the consumption of sugars, sodium, and fats.

In 2017, the Montevideo Roadmap 2018–2030 on NCDs as a Sustainable Development Priority was adopted by Member States at the WHO Global Conference on NCDs (Montevideo, October 18–20, 2017).

Other SDGs are relevant to the NCD and mental health agenda, including SDG 1 (ending poverty), SDG 2 (ending all forms of malnutrition), SDG 4 (ensuring education), SDG 5 (achieving gender equality), SDG 8 (decent work), SDG 10 (reducing inequality), SDG 11 (making cities safe and sustainable), SDG 12 (ensuring sustainable consumption and production patterns), SDG 13 (climate change), SDG 16 (promoting peace and justice), and SDG 17 (strengthening partnerships).

In summary, although there has been some action against NCDs at both country and international levels, unless there is a serious change in approach, SDG target 3.4 will not be attained.

For the report of the Commission on Ending Childhood Obesity see [http://apps.who.int/gh/e/ebwha/pdf\\_files/WHA70/A70\\_31-en.pdf](http://apps.who.int/gh/e/ebwha/pdf_files/WHA70/A70_31-en.pdf)  
For WHO's Comprehensive Mental Health Action Plan 2013–2020 see [http://www.who.int/mental\\_health/action\\_plan\\_2013/en/](http://www.who.int/mental_health/action_plan_2013/en/)

For the WHO report see <http://www.who.int/ncds/governance/en/>

For the WHO Mental Health Atlas see WHO (2018). Mental Health Atlas 2017. World Health Organization, Geneva

For the WHO Think Piece see <http://www.who.int/ncds/governance/high-level-commission/why-2018-important-year-for-ncds.pdf?ua=1>

For more on the Decade of Action on Nutrition see <https://www.un.org/nutrition/home>

For the Montevideo Roadmap see <http://www.who.int/conferences/global-ncd-conference/Roadmap.pdf>

throughout the life course, and which must be understood in its specific gender dimensions.

## Recommendations

### Start from the top: political leadership and responsibility, from capitals to villages

Recommendation 1: (a) Heads of State and Government, not Ministers of Health only, should oversee the process of creating ownership at national level of NCDs and mental health. (b) Political leaders at all levels, including the subnational level, for example, city mayors, should take responsibility for comprehensive local actions, together with the health sector, that can advance action against NCDs and mental disorders.

The Commission believes that Heads of State and Government must take responsibility for the NCD agenda. This responsibility cannot be delegated solely to ministries of health, as many other sectors, including finance, trade, agriculture, education, environment, and others, have an impact on risk factors for NCDs, as well as on how governments can tackle these, and therefore must be involved and coordinated for effective action. Heads of State and Government should therefore develop multi-sectoral NCD responses and use “health-in-all-policies” and whole-of-government approaches.

Therefore, Heads of State and Government should lead multi-sectoral national action on NCDs, and ensure a legislative and regulatory and economic environment that will enable the integration of NCDs and mental health into UHC, health systems, national SDG implementation, national development plans, and social protection policies. To date, very few countries have achieved this kind of integration.

Together with national governments, other levels of government, such as cities, should also be engaged in NCD action, through new and existing mechanisms. Political leaders in rural, semi-urban, and urban areas can take steps to improve traffic, reduce air pollution, create green spaces, decrease exposure to tobacco smoke, discourage tobacco use and the harmful use of alcohol, improve infrastructure to make roads safer, including the construction of pedestrian and cycle paths, and to encourage physical activity, improve access to healthy foods and reducing the availability of unhealthy foods (those high in sugars, saturated fats, trans fats, and sodium), promote mental health, and implement policies for sustainable consumption and production.

### Prioritise and scale up

Recommendation 2: Governments should identify and implement a specific set of priorities within the overall NCD and mental health agenda, based on public health needs.

Prioritisation is key to achieving the scale-up that countries need to reach the SDG target 3.4. Countries should initially identify and scale up selected priorities among the recommended cost-effective, affordable, and

evidence-based interventions for NCDs and mental disorders, instead of trying to implement all the recommendations at once. These priorities should be based on sound country-specific data on morbidity and mortality and their main drivers, combined with sound, robust data on behaviour and consumption, and on areas where maximum impact can be achieved (appendix). The Commission recommends that each country focus on selected prioritised interventions that can substantially contribute to the achievement of the SDG target 3.4 on NCDs. Focusing on these prioritised interventions will achieve results that will be useful for building a more comprehensive approach to combating NCDs. Documenting success will stimulate further action. To date, the most significant reductions in cardiovascular mortality have been achieved through comprehensive tobacco control and comprehensive cardiovascular prevention and treatment programmes. Technical packages and tools (such as the HEARTS, MPOWER, REPLACE, and SHAKE packages) are available from WHO to scale up these and other programmes.

### Embed and expand: NCDs within health systems and UHC

Recommendation 3: Governments should reorient health systems to include health promotion and the prevention and control of NCDs and mental health services in their UHC policies and plans, according to national contexts and needs.

(a) Governments should ensure that the national UHC public benefit package includes NCD and mental health services, including health promotion and prevention and priority health care interventions as well as access to essential medicines and technologies.

(b) Primary health services should be strengthened to ensure equitable coverage, including essential public health functions, with an adequate and well-equipped multi-disciplinary health workforce, especially including community health workers and nurses.

(c) Synergies should be identified in existing chronic-care platforms, such as HIV and TB, to jumpstart NCD and mental health services.

The NCD agenda must also be firmly placed on the path to UHC, according to each country's particular context and needs. Coverage for health promotion and NCD prevention and management, including mental disorders, should be part of UHC entitlements and included in a UHC public benefits package.

Health systems should continue to be reoriented to respond to the need for effective prevention and management of chronic diseases. This includes strengthening health promotion, essential public health functions, primary health services, and improving access to essential medicines and technologies. Primary health services should be strengthened, by increasing the health workforce, supporting innovative models of prevention and care, and enabling all health workers to embrace the full scope of practice in the prevention and management

For more on cardiovascular prevention and treatment programmes see [http://apps.who.int/ebwha/pdf\\_files/WHA71/A71\\_14-en.pdf](http://apps.who.int/ebwha/pdf_files/WHA71/A71_14-en.pdf)

For details of the HEARTS package see [http://www.who.int/cardiovascular\\_diseases/hearts/en/](http://www.who.int/cardiovascular_diseases/hearts/en/)

For details of the MPOWER package see <http://www.who.int/tobacco/mpower/en/>

For details of the REPLACE package see <http://www.who.int/docs/default-source/documents/replace-transfats/replace-action-package.pdf>

For details of the SHAKE package see <http://www.who.int/dietphysicalactivity/publications/shake-salt-habit/en/>

For the Shanghai declaration on promoting health in the 2030 Agenda for Sustainable Development see <http://www.who.int/healthpromotion/conferences/9gchp/shanghai-declaration.pdf?ua=1>

For more on prevention and control of noncommunicable diseases: implementation of the global strategy see [http://apps.who.int/ebwha/pdf\\_files/A61/A61\\_8-en.pdf](http://apps.who.int/ebwha/pdf_files/A61/A61_8-en.pdf)

responsibility also lies with the private sector to take initiative on and be accountable for these issues. Dialogue should be encouraged to identify contributions the private sector can make to public health goals. Public-private partnerships can be an important tool to contribute to effective NCD responses. It is important that conflicts of interests are adequately addressed, with transparency and focus required to ensure that public policies and public-private partnerships are in the public interest, provide public value, and do not undermine the sustainability of financing health systems.

Big data, digital technologies, and the near-ubiquitous use of mobile phones have ushered in a societal transformation that could be tapped for better health outcomes. Emerging 5G and 6G technologies, artificial intelligence, robotics, block chain, and drone delivery of medicines and diagnostics are creating further opportunities for chronic care. The challenge is to convert technical innovations into meaningful health impacts, contribute to the public interest, support sustainability of financing of health systems, address legitimate ethical concerns, and enhance equity and the social determinants of health.

Governments should employ their full legal and fiscal powers to achieve public health goals and to protect their populations. This includes policy and legislative and regulatory measures that minimise the consumption of health-harming products and promote healthy lifestyles.

The involvement of people living with NCDs and mental disorders can contribute to better services, but it is important to distinguish between public interests, consumer interests, and those of specific patient groups. Where appropriate and taking into account conflicts of interest, involvement should be embraced across the governance of organisations, policy development, programmatic design and delivery, and monitoring and evaluation. People living with NCDs and mental disorders and those at risk for them must be engaged and informed, through improved health literacy and mass-media campaigns that are responsive to local needs and contexts. Integrating education and skills to maintain and improve health into educational systems and school curricula is a universal and low-cost option to improve health literacy. People living with NCDs and mental disorders and those at risk for them must participate and be informed so that they can contribute to the achievement of national priorities and goals, particularly those related to prevention.

## Finance

Recommendation 5: governments and the international community should develop a new economic paradigm for funding action on NCDs and mental health.

(a) National governments should:

- Develop and implement a new economic paradigm for actions against NCDs, based on evidence that effective measures are investments in human capital and economic growth.

- Increase the percentage of national budgets allocated to health, health promotion, and essential public health functions, and within health, to NCDs and mental health.

- Implement fiscal measures, including raising taxes on tobacco and alcohol, and consider evidence-based fiscal measures for other unhealthy products.

- With the support of tools developed by WHO, conduct health-impact assessments and, where possible, full-cost accounting, which factors in the true cost to societies of policies that have a bearing on NCDs.

(b) The international community should:

- Increase financing and lending for the prevention and management of NCDs through bilateral and multilateral channels;

- Explore a number of mechanisms to increase financing for NCD action, which could include: the establishment of a Global Solidarity Tobacco and Alcohol Contribution as a voluntary innovative financing mechanism to be used by Member States for the prevention and treatment of NCDs; and consider the establishment of a multi-donor fund, to catalyse financing for the development of national NCDs and mental health responses and policy coherence at country level.

- Integrate NCDs into human-capital and human development indices.

- Convene a health forum for investors to support action against NCDs.

(c) WHO should prioritise NCDs and mental health. This requires that Member States consider increasing or reallocating their contributions to the Organization so that WHO can meet the demand for country support. Support for addressing NCDs is the leading request from countries, but the Organization's budget has been reduced in the current biennium owing to lack of financing from donors.

Domestic sources should be the mainstay of NCD financing in most countries. In low- and middle-income countries, catalytic funding will be needed from bilateral and multi-lateral donors. Countries should ensure that funding, programmes, and projects related to NCDs are considered at all levels of government, including national and subnational.

Governments should prioritise long-term sustainability over short-term gratification, by calculating not only the price of actions and policies today, but also the true cost of NCDs (full cost) that will be borne by societies in the future. Calculations should be made based on public health needs and should also include policies to reduce risk factors and prevent NCDs.

Implementing national NCDs plans in a sustainable way is a challenge and takes considerable time. Therefore, the international system should establish and administer a financial vehicle that could pool and manage funds committed by development partners for a limited period of time.

The Commission recommends exploration of the establishment of a multi-donor trust fund, as a feasible