

TECHNICAL NOTE

How WHO will report in 2017 to the United Nations General Assembly on the progress achieved in the implementation of commitments included in the 2011 UN Political Declaration and 2014 UN Outcome Document on NCDs

Context

1. Paragraph 38 of the Outcome Document of the High-level Meeting of the United Nations General Assembly on the Comprehensive Review and Assessment of the Progress Achieved in the Prevention and Control of NCDs¹ (hereafter called the 2014 Outcome Document) requested the United Nations Secretary-General, in collaboration with Member States, the World Health Organization and relevant funds, programmes and specialized agencies of the United Nations system, to submit to the United Nations General Assembly, by the end of 2017, for consideration by Member States, a report on the progress achieved in the implementation of the 2014 Outcome Document and the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs² (hereafter called the 2011 Political Declaration), in preparation for a comprehensive review, in 2018, of the progress achieved in the prevention and control of NCDs.
2. The 136th session of the WHO Executive Board (Geneva, 26 January – 3 February 2015) requested the Director-General to publish a technical note on how the Director-General will report in 2017 to the United Nations General Assembly on the national commitments included in the 2014 Outcome Document and the 2011 Political Declaration, using existing survey tools and taking into account existing indicators at the global and regional levels³.
3. This technical note sets out how the World Health Organization will prepare a progress report pursuant to paragraph 38 of the 2014 Outcome Document. Accordingly, this technical note may also serve as a first reference for broader national consultations in 2015, 2016 and 2017 to assess the progress made in the prevention and control of NCDs, in preparation for a third high-level meeting of the United Nations General Assembly on the prevention and control of NCDs in 2018.
4. The methodology which WHO used to develop the reporting framework for 2017 is contained in the Appendix, which includes Annexes 1 and 2.

¹ Resolution A/RES/68/300

² Resolution A/RES/66/2

³ Decision EB136(13)

Reporting framework for 2017

5. Using existing survey tools and taking into account existing indicators at the global and regional levels so as not have any additional reporting burden for Member States, WHO will focus its report in 2017 to the United Nations General Assembly on the progress achieved in the implementation of the four time-bound commitments for 2015 and 2016 included in the 2014 Outcome Document, using the following 10 progress indicators⁴:

Time-bound commitment included in 2014 Outcome Document ⁵	10 indicators which the Director-General will use to report, by the end of 2017, to the United Nations General Assembly on the progress achieved in the implementation of the time-bound commitments included in the 2014 Outcome Document
Consider setting national targets for 2025 and process indicators based on national situations, taking into account the nine voluntary global targets for NCD, building on guidance provided by the World Health Organization, to focus on efforts to address the impacts of noncommunicable diseases and to assess the progress made in the prevention and control of NCDs and their risk factors and determinants ⁶	<ol style="list-style-type: none"> 1) Member State has set time-bound national targets based on WHO guidance 2) Member State has a functioning system for generating reliable cause-specific mortality data on a routine basis 3) Member State has a STEPS survey or a comprehensive health examination survey every 5 years
Consider developing or strengthening national multisectoral policies and plans to achieve the national targets by 2025, taking into account the WHO Global NCD Action Plan 2013–2020 ⁷	<ol style="list-style-type: none"> 4) Member State has an operational multisectoral national strategy/action plan that integrates the major NCDs and their shared risk factors
As appropriate, reduce risk factors for NCDs and underlying social determinants through the implementation of interventions and policy options to create health-promoting environments, building on guidance set out in Appendix 3 to the WHO Global NCD Action Plan 2013–2020 ⁸	<ol style="list-style-type: none"> 5) Member State has implemented the following five demand-reduction measures of the WHO FCTC at the highest level of achievement: <ol style="list-style-type: none"> a. Reduce affordability by increasing excise taxes and prices on tobacco products; b. Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places and public transport; c. Implement plain/standardized packaging and/or large graphic health warnings on all tobacco packages; d. Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship e. Implement effective mass media campaigns that educate the public about the harms of smoking/tobacco use and second hand smoke

⁴ Indicators updated September 2017 to ensure consistency with the updated set of (bolded) WHO “best-buys” which were endorsed by the World Health Assembly in May 2017

⁵ Resolution A/RES/68/300

⁶ Paragraph 30(a)(i) of resolution A/RES/68/300

⁷ Paragraph 30(a)(ii) of resolution A/RES/68/300

⁸ Paragraph 30(b) of resolution A/RES/68/300

	<p>6) Member State has implemented, as appropriate according to national circumstances, the following three measures to reduce the harmful use of alcohol⁹ as per the WHO Global Strategy to Reduce the Harmful Use of Alcohol¹⁰:</p> <ul style="list-style-type: none"> a. Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours of sale) b. Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media) c. Increase excise taxes on alcoholic beverages <p>7) Member State has implemented the following four measures to reduce unhealthy diets:</p> <ul style="list-style-type: none"> a. Adopt national policies to reduce population salt/sodium consumption b. Adopt national policies that limit saturated fatty acids and virtually eliminate industrially produced <i>trans</i> fatty acids in the food supply c. WHO set of recommendations on marketing of foods and non-alcoholic beverages to children d. Legislation /regulations fully implementing the International Code of Marketing of Breast-milk Substitutes <p>8) Member State has implemented at least one recent national public awareness programme and motivational communication for physical activity, including mass media campaigns for physical activity behavioural change</p>
As appropriate, strengthen and orient health systems to address the prevention and control of NCDs and the underlying social determinants through people-centred primary health care and universal health coverage throughout the life cycle, building on guidance set out in Appendix 3 to the WHO Global NCD Action Plan 2013-2020 ¹¹	<p>9) Member State has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach, recognized/approved by government or competent authorities</p> <p>10) Member State has provision of drug therapy, including glycaemic control, and counselling for eligible persons at high risk to prevent heart attacks and strokes, with emphasis on the primary care level</p>

= = =

⁹ The word harmful refers only to public-health effects of alcohol consumption, without prejudice to religious beliefs and cultural norms in any way

¹⁰ Resolution WHA63.10

¹¹ Paragraph 30(c) of resolution A/RES/68/300