The Global Noncommunicable Diseases (NCD) Compact 2020-2030 (NCD Compact)

Purpose

1.   The NCD Compact calls on all countries to accelerate the progress towards the NCD-related SDG targets, considering the commitments included in the relevant resolutions adopted by the United Nations General Assembly and the guidance provided by the corresponding resolutions adopted by the World Health Assembly.

2.   The NCD Compact will galvanize **action** to meet the demand for support from Heads of State and Government to close the implementation gap and fulfil **five** specific, time-bound **commitments** (based on a consolidation of existing commitments).

> ## Commitment 1:
> Save, by 2030, the lives of 50 million people from dying prematurely of NCDs.

3.   In paragraph 78 of the United Nations General Assembly resolution 70/1, Heads of State and Government have committed to *develop as soon as practicable ambitious national responses to the overall implementation of the SDGs,* including SDG 3.4 (by 2030, reduce by one-third premature mortality from NCDs through prevention and treatment and promote mental health and wellbeing) and SDG 3.8 (achieve universal health coverage) through whole-of-government and health-in-all-policies approaches and by engaging stakeholders in an appropriate, coordinated, comprehensive and integrated, bold whole-of-society action and response[1].

4.   The World Health Assembly has requested WHO to develop an **implementation roadmap[2]** for the prevention and control of NCDs covering the period 2023-2030 to ensure that most countries will achieve SDG 3.4 on NCDs by 2030. The roadmap includes recommended actions to promote the implementation of the 'best-buys' interventions, strengthen health systems, reduce NCD risk factors, and embed NCDs within Primary Health Care (PHC) and Universal Health Coverage (UHC). Equally important, this will be implemented in full alignment with the commitments to reduce air pollution and promote mental health and well-being.

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[1] 17 of A/RES/73/2 (Political declaration of the third high-level meeting of the General Assembly on the prevention and control of NCD)
[2] https://apps.who.int/gb/ebwha/pdf_files/EB150/B150_7-en.pdf, annex 1

5.   Addressing NCDs is an attractive investment. Cost-effective, high-impact interventions already exist, but are not being implemented and scaled up in countries. The gains are tangible and realisable in the short term: investing just US$0.84 per person, per year in NCDs could save seven million lives in low- and lower-middle-income countries (LMICs) by the end of this decade. Despite being the world's largest cause of death, NCDs continue to receive 1-2% of all official development assistance (ODA) for health. The recently established United Nations Multi-Partner Trust Fund to catalyze country action for NCDs and Mental Health is one of the global financing partnerships to support LMICs to mobilize domestic resources and to scale up action.

6.   By the end of this decade, Heads of State and Government, have the potential to achieve SDG 3.4 on NCDs and, thereby, save **50 million lives** by implementing the best buys[3] to prevent and control NCDs.

> ## **Commitment 2:**
> Protect, by 2030, the lives of 1.7 billion people living with NCDs during humanitarian emergencies, including before, during and after natural disasters, with a particular focus on countries most vulnerable to the impact of climate change and extreme weather events, as well as health security, through pandemic preparedness and responses and `all hazards health emergency risk management.`

7.   In paragraph 40 of United Nations General Assembly resolution 73/2, WHO Member States reaffirmed their commitment to "*strengthen the design and implementation of policies, including for resilient health systems and health services and infrastructure to treat people living with NCDs and prevent and control their risk factors in humanitarian emergencies, including before, during and after natural disasters, with a particular focus on countries most vulnerable to the impact of climate change and extreme weather events*".

8.   COVID-19 has preyed on and has disproportionately affected people living with NCDs and has disclosed the lack of investments in PHC and UHC leading to 50-60% disruption for all major NCDs and mental health services in more than 70% of countries. Present and future climatic changes, and humanitarian emergencies, will likely exacerbate the incidence of some NCDs

9.   The lessons learned from the COVID-19 pandemic offer opportunities for strengthening emergency preparedness and responses beyond pandemic ones. Emergency risk management and continuity of essential health services for all-hazards, addressing the foundational health system gaps, can improve health security, and investing in emergency

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[3] https://apps.who.int/iris/handle/10665/259232

preparedness reduces risks and their future negative and costly impact on health systems and services.

10.   The UNGA decision on HIV and NCDs commits governments *to identify and address the comorbidities of HIV and other links to pressing global health challenges*, including links to NCDs, learning from the perspectives of persons living with NCDs and underscoring the importance of focussing on comorbidities[4].

> ## **<u>Commitment 3:</u>**
> Cover all people by 2030 with quality essential health services and quality, safe, effective, affordable, and essential medicines, vaccines, diagnostics and health technologies for the prevention and control of NCDs, integrating NCDs into PHC and UHC.

11.   At the High-level Meeting of the UN General Assembly on UHC, Heads of State and government agreed to *"progressively cover all people by 2030 with quality essential health services and quality, safe, effective, affordable and essential medicines, vaccines, diagnostics and health technologies for the prevention, screening, early diagnosis and treatment of NCDs"[5]*.

12.   Globally, health system capacity has not kept up with the needs of people living with NCDs. This is reflected in the lack of progress in the NCD service coverage domain of the WHO UHC Global Monitoring Report[6]. Cost-effective, high-impact interventions already exist, but are not being implemented and scaled up in countries. Investing in the prevention and management of NCDs through stronger PHC systems would contribute significantly in building more resilient health systems for UHC, the Health-related SDGs and Health Security.

13.   The Government of Norway has demonstrated exemplary leadership in becoming the first Member State to include NCDs into its development strategy.

> ## **<u>Commitment 4:</u>**
> Cover, by 2030, all countries with comprehensive NCD surveillance and monitoring actions.

14.   Heads of State and Government adopted in the World Health Assembly resolution A66.10 *the comprehensive global monitoring framework for the prevention and control of*

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[4] Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 (unaids.org)
[5] Paragraph 24 of A/RES/74/2 of the Political Declaration of the High-level Meeting of the UN General Assembly on UHC
[6] https://www.who.int/docs/default-source/documents/2019-uhc-report.pdf

NCDs, including the set of 9 voluntary targets and 25 indicators capable of application across regional and country settings to monitor trends and to assess progress made in the implementation of national strategies and plans on NCDs.

15.   Scaling up and delivering the most feasible and impactful interventions requires a strengthened system of surveillance and monitoring to obtain reliable and timely data at national and subnational levels to prioritize interventions, assess implementation and learn from the impact of NCD prevention and control.

16.   Actions must be data-driven and supported by NCD-related indicators in health systems performance and access to health care metrics. This would include population-based surveys of children, adolescents, and adults of risk factors and NCD conditions; strengthened NCD related patient and program monitoring in routine health information system (HIS); and monitoring of national systems and capacity.

> ## **<u>Commitment 5:</u>**
> Meaningfully engage, by 2030, 1.7 billion people living with NCDs and mental health conditions to encourage Governments to develop more ambitious national NCD responses and to contribute to their implementation.

17.   At the third High Level Meeting on NCD in 2018, Heads of State and governments committed to "*promote meaningful civil society engagement to encourage Governments to develop ambitious national multisectoral responses for the prevention and control of NCDs, and to contribute to their implementation, forge multi-stakeholder partnerships and alliances that mobilize and share knowledge, assess progress, provide services and amplify the voices of and raise awareness about people living with and affected by NCDs.*"[7]

18.   The meaningful inclusion of the experience and expertise of people living with NCDs and mental health conditions is fundamental for sustainable development and essential if the United Nations Decade of Action to catalyse achievement of NCD and mental health-related SDG goals and targets, including SDG target 16.7, which is to "ensure responsive, inclusive, participatory and representative decision-making at all levels".

19.   WHO has committed to developing a WHO Framework for the meaningful engagement of people living with NCDs and mental health conditions to support WHO and its Member States in achieving this goal.

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[7] Paragraph 42 of A/RES/73/2 (Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases)

Concrete actions

20.   Looking ahead to 2030, Heads of State and Government, and those signing up to the NCD Compact will underscore their commitment and take the following actions, amongst others, aligned with the Implementation Roadmap:

ENGAGE

21.   **Engage** with UN agencies, academia, non-governmental organizations, philanthropies, the private sector, civil society, and people with lived experiences of NCDs and mental health conditions to make progress and tailor NCD interventions to national health system contexts and population needs and raise the priority and fulfil the commitments made for the prevention and control of NCDs. This will include new ways to strengthen collaborations in resourcing, knowledge-sharing and technical assistance for bolder national NCD responses.

ACCELERATE

22.   **Accelerate** country action, based on the NCD Implementation Roadmap 2023-2030, by implementing the best-buys and WHO NCDs technical packages including: PEN, HEARTS, MPOWER, SAFER, SHAKE and ACTIVE; and also including reorientation of PHC and strengthening of health systems; acceleration of socioeconomic development, promoting health security, and consolidating global health sustainability.

INVEST

23.   **Invest** adequate, predictable, and sustained resources for the prevention and control of NCDs, through domestic, bilateral, and multilateral channels including through the UN Multi-Partner Trust Fund and develop Global health and development strategies for the prevention and control of NCDs in LMICs as appropriate.

ALIGN

24.   **Align** the NCD agenda by integrating it in the preparedness and response to humanitarian emergencies and environmental changes; reproductive, maternal, newborn and child health; HIV and TB; and reorient PHC and build resilient health systems, services and infrastructure to prevent and treat people living with NCDs and maximise health outcomes.

ACCOUNT

25.   **Account** to prioritize interventions, assess implementation and learn from the impact of NCD prevention and control through strengthened surveillance and monitoring to obtain reliable and timely data at national and subnational levels on NCD risk factors, diseases, mortality, and systems. Use NCD-related indicators in health systems performance and access to health care metrics for data driven action to scale up and deliver the most feasible and impactful interventions.