

The NCD Alliance

Putting non-communicable diseases
on the global agenda

UN High-Level Meeting on NCDs:

Goal and priority targets for Outcomes Document negotiations 21 July 2011

"Without global goals or targets, this is not going to fly – what gets measured gets done"

Dr Margaret Chan, First Global Ministerial Conference on NCDs and Healthy Lifestyles,
Moscow, April 2011

The NCD Alliance is grateful to UN Member States for being given an opportunity to comment during ongoing negotiations on the Outcomes Document for the High-Level Meeting on NCDs in September.

Modalities Resolution A/65/238 commits Member States to agree on an “action-oriented Outcomes Document”. The NCD Alliance has analyzed the 15 July compilation of the draft Outcomes Document and notes that it currently contains only two proposed time-bound targets.

Bold, specific, and measurable targets and timetables (both short-term and long-term) as an outcome of the NCD Summit are integral to creating a shared vision between Member States, driving global and national follow-up action, and catalysing effective use and coordination of resources.

The NCD Alliance, with our network of 2,000 organisations globally, stands ready to support follow up action working with governments to a clear plan with targets and end dates.

We believe that some technical targets and indicators will require more elaboration and consultation in the months immediately after the High-Level Meeting.

We also believe, however, that it is critical that the Outcomes Document includes the commitments in the following table to form the basis of future action on NCDs.

We request consideration of these commitments in addition to the specific language we are suggesting, available at www.ncdalliance.org/takeactionnow.



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Goal and Priority Targets for NCDs Outcomes Document

- An overarching goal**
- By 2025, reduce preventable deaths from cardiovascular disease, cancer, diabetes and chronic respiratory disease by 25%*¹
- Leadership and international cooperation**
- By 2012, establish a partnership initiative so that WHO can coordinate follow up action with member states, all relevant UN agencies, development banks, other international and regional organizations, foundations, NGOs and private sector
 - By 2013, X% of countries to establish, and strengthen, a coordinated, multi-sectoral national response to NCDs with a costed national NCD prevention and control plan and a national monitoring and evaluation system
 - By 2013, X% of countries integrate NCD prevention and control into the mainstream of national development planning, including poverty reduction strategies, and national budget allocation
 - By 2015, ensure the integration of action on NCDs into internationally agreed development goals
- Prevention**
- By 2025, reduce prevalence of current daily tobacco smoking by 40%* and, by 2040, reduce prevalence of tobacco use to less than 5% of global population
 - By 2025, reduce salt intake to less than 5g per person per day*
 - By 2025, reduce per capita consumption of alcohol by 10% and the prevalence of heavy episodic drinking by 10%*
 - By 2025, reduce prevalence of insufficient physical activity by 10%²
- Health systems and treatment**
- By 2015, X% of countries to develop and introduce strategies to integrate health-system management of NCDs, especially at primary health care levels
 - By 2015, demonstrate significantly improved access to affordable, safe, effective and quality-assured medicines (including for palliative care), vaccines and technologies for people at high risk of cardiovascular disease and people living with cancer, diabetes, chronic respiratory disease and cardiovascular disease
- Monitoring, reporting and accountability**
- By 2012, establish a high-level monitoring and accountability commission on NCDs to ensure ongoing monitoring of commitments from the UN Summit
 - In 2014, undertake an extensive review of the progress achieved in realising the commitments from the UN Summit

¹ This target and others indicated by * are [Proposals on NCD targets from a WHO Technical Working Group](#) and, if adopted, will use 2010 as a baseline

² Prevalence of physical inactivity is defined as less than 150minutes of moderate physical activity or its equivalent per week among persons aged 15+ years - consistent with 2010 Global Health Report (page 18) and 2010 Global Recommendations on Physical Activity