

Release of second WHO HLC Report on NCDs - Statement by Commissioner Katie Dain

Statement by Commissioner Katie Dain, CEO of the NCD Alliance

Release of the second WHO Independent High Level Commission report on NCDs

Since it was set up in 2017, the WHO Independent High-Level Commission on noncommunicable diseases (NCDs) has made it a matter of priority to build political leadership at the highest level on this urgent global health crisis, and the composition of the co-chairs is testament to that. I would like to personally thank the co-chairs, Sania Nishtar and the leadership of the governments of Uruguay, Finland, Sri Lanka and the Russian Federation for paving the way for others to follow.

This [second report of the HLC](#) [1] comes at a critical time for the NCD response. We have witnessed a plethora of political commitments on NCDs over the last couple of years, but they have lacked the level of ambition and urgency required to truly bend the curve on NCDs. Multilateralism as a whole is being threatened, and as result health and NCDs are one of many issues that are suffering. We have a growing toolbox of cost-effective solutions and interventions that we know will save lives and money, yet the gap between knowledge and action has never been greater, with governments simply not investing and implementing at the scale that is needed. Consequently attainment of the 2025 NCD targets and the 2030 Sustainable Development Goals is quickly looking like a distant reality for most countries.

Against this backdrop, the commission's second report offers eight recommendations to the WHO Director-General on how countries and the international community can collectively take steps to correct this troubling trajectory. These eight recommendations were the result of lengthy discussion and negotiations. As a representative of civil society, I believe the commission overall could and should have gone further with its recommendations and set the bar higher. However, as a package, they provide a solid and balanced roadmap for fast-tracking progress, and seek to "plug in" NCDs to other global political priorities, such as Universal Health Coverage and the Human Capital Index.

I particularly welcome recommendation 7, which encourages governments to meaningfully involve and engage civil society, communities and people living with NCDs (PLWNCDs). Civil society are proven demand creators, mobilisers, campaigners, change agents, experts, implementers and watch dogs. Despite these unique roles, the international community has been slow to recognise and engage civil society and PLWNCDs in a meaningful way. This is a mistake. We know from the AIDS response that making civil society integral to the response is both possible and greatly beneficial for health outcomes, scale and sustainability. I hope this HLC report will be further evidence and impetus for a change in mindset and practice in this regard.

Although there was great willingness from the co-chairs to take on board all commissioners views and perspectives throughout the process, I was unable to support recommendation 6, which calls on WHO to create a new global platform to increase engagement with the private sector. While I fully support the need to engage relevant private sector in the response to prevent and control NCDs, I don't believe a platform is the best way to achieve this. Similar platforms at regional and country level have already been tried and tested, and failed to deliver for public health. These platforms have often provided a vehicle for the food, beverage and alcohol industries to promote ineffective voluntary approaches such as self regulation, over and above the evidence-based policy, legislative, fiscal and regulatory measures within the WHO Best Buys that we know work. The composition and power balance of such platforms are often heavily weighted towards industry representation, therefore the potential for conflict of interest is rife, providing opportunities for the unhealthy commodity industries' to get closer to WHO to influence and interference in public policy. Overall, I believe it would be a distraction and could divert attention and limited resources away from more pressing priorities, such as supporting governments in low- and middle-income countries to stand up to industry interference.

I therefore would encourage that before taking this recommendation forward, WHO should conduct a comprehensive analysis of the impact and lessons learnt of similar existing or previous platforms (for example, the EU Alcohol and Health Forum, EU Platform for Action on Diet, Physical Activity and Health, and the Observatorio Mexicano de

Enfermedades no Transmisibles), define the rationale, principles, benefits and risks of establishing a platform, propose categories of intervention, and develop rules of engagement to manage conflict of interest and other risks of engagement, establish a robust monitoring and evaluation framework to measure the impact of the platform, introduce an annual independent review of the platform, and avoid duplication with the existing global architecture of NCDs, such as the WHO Global Coordination Mechanism on NCDs and UN Inter-Agency Task Force on NCDs.

It has been an honour to serve on the commission and I stand ready to support the WHO Director General in taking forward the HLC recommendations in a way that will positively impact public health goals and improve the lives of people at risk and living with NCDs everywhere. I would like to thank again the co-chairs for their leadership, fellow commissioners for the fruitful collaboration, and the WHO secretariat for the consistent support.

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