

**Summary of Country Statements made during the Plenary Segment of the
third UN High-Level Meeting on NCDs**

Thursday 27 September, 2018

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78. Egypt (on behalf of G77 and China)
79. European Union
80. Rwanda (on behalf of the African Group)

1. Angola**Minister of Health Silvia Lutucuta**

Investing in ensuring primary health care is closer to the population, especially early detection and treatment. Should tax production of health-noxious products such as tobacco and alcohol.

2. Antigua and Barbuda**PM and Minister of Finance Browne**

Aligns with CARICOM to intensify multisectoral responses in the contexts of the 2030 Agenda. Small islands need support to face the effects of climate change and natural disasters if we want to reduce the burden of NCDs. Putting in action health programmes to tackle the four risk factors. Introduction of the HPV vaccine, tobacco control act for smoke-free environments in 2018. Plans to introduce SSB tax by the end of 2018 and working with Ministers of Health and Education to increase physical activity.

3. Argentina**MoH Rubenstein**

Childhood obesity is a priority in the presidency. Trying to broaden UHC. Together with GACD convening a research project.

4. Armenia**MoH Torosyan**

Strengthening NCD awareness, programme implementation and surveillance programmes related to risk factors. Training specialists and improving integrated NCD prevention and management services; primary prevention, early detection, treatment, rehabilitation and palliative care. Working on a new tobacco control law. Joint global efforts important to combat all risk factors.

5. Bahamas**Prime Minister Minnis**

Government commits to increase health expenditure to 20% of GDP and decrease the consumption of unhealthy products.

6. Bahrain**Minister of Cabinet Affairs bin Ebrahim Al Mutawa**

Participated in previous HLMs. Supports and aims to adopt recommendations to control NCDs, and involve all relevant sectors. Special priority is monitoring risk factors and update NCD data in a transparent way, following WHO's recommendations.

7. Barbados**Prime Minister Mottley**

CARICOM has commended the UN for more actions to tackle NCDs and technical support from the UN agencies, especially the UNIATF and PAHO. Taken actions with a focus on prevention, health promotion and wellness. Supports food labelling and calls for greater global pressure on reformulation.

8. Belgium**Minister of Social Affairs and Health de Block**

Introduced plain packaging and took measures to improve nutritional quality of food. Has voluntary Nutri-Score label on front of products (copied from France). Suggest working at European level for alcohol labelling and environmental factors, including indoor and outdoor air pollution. Will continue to address NCDs in an intersectoral manner and across borders.

9. Benin**MoH Hounkpatin**

Trying to create a multisectoral and coordinated approach to reduce risk factors, live up to commitments made in the 2011 Political Declaration.

10. Botswana**Minister Masi**

Noted the importance of social determinants of health, which are shaped by wealth, power and resources. Mentioned the role of active transport. Need to inspire people to have a sense of urgency.

11. Brazil on behalf of the Global Health Initiative**MoH Occhi**

Commitment to improve multisectoral responses to NCDs. Reduce mortality and increase quality of life. Need to improve NCD prevention and health promotion. Improving access to medicines, vaccines and medical products and control should be a priority for a holistic development. Government understands the importance of involving the private sector, civil society and academia. Must tackle the social and commercial determinants of health. Food, security, and nutrition are the axes of our policies.

12. Brunei**MoH Darussalem**

Have a multisectoral plan with 10 indicators. More engagement with the private sector at national and international levels needed – they have roles to play, especially in offering healthy choices and environments.

13. Burkina Faso**MoH Miller**

National Plan for economic and social development has point on access to availability of health services for all. Need prevention programmes, primary care to be bolstered, and specialised care.

14. Cameroon**MoH Fouda**

8 out of 10 regions have a dialysis centre. 95% of care is subsidised. Goal is to reduce NCDs 14% by 2025.

15. Canada**MoH Petitpas Taylor**

Trudeau has mandated MoH to address NCDs. Reduction of suffering, not just deaths. Committed 5 billion dollars over next 10 years - largest in Canada's history - to address mental health and infrastructure. Do not

allow advertising of unhealthy foods to children. Active transport and addressing climate change to help air quality for all. Importance of special attention to indigenous peoples.

16. Cape Verde

President Fonseca

Public policy options have been developed and some implemented, such as fitness centres and a Presidential initiative for less alcohol consumption. Politicians, youth, opinion makers are all stakeholders.

17. Central African Republic

President Touadera

Losing the battle against NCDs due to social determinants of health and humanitarian crises. Health systems should provide both prevention and treatment, and we must break inequalities in access to care.

18. China

Vice MoH Li

Chronic diseases in national 2030 Programme, which includes prevention and control targets in health policy review. Most important part is screening high-risk population and early intervention. Government and WHO adopted the Shanghai Declaration and will continue to support WHO in prevention.

19. Croatia

MoH Kujundzic

NCDs are growing and the SDGs are the framework for innovation. Multisectoral cooperation and support for UHC and healthcare promotion.

20. Czech Republic

MoH Vojtech

Strong political commitment and see health as an investment. Preventive measures should be implemented and motivate the public to see health as an investment. Appeals to politicians – our duty to promote healthy lifestyles and preventive consultations with physicians – use tools like social media to influence public and youth. Recall WHOC GCM/NCDs and UNIATF on NCDs.

21. Denmark

MoH Norby

Renew commitment to NCDs prevention and control. Need of eHealth and innovative solutions to be more effective and responsive of people's needs, paying special attention to the needs of people affected by mental illness.

22. Ecuador

MoH Espinosa Serrano

We need to tackle NCDs at the highest level and implement taxes on harmful products. It is not just about individual decisions, but social decisions and decisions from public authorities. Increase healthy environments so people can exercise and eat healthy – it is impossible to do so without access to healthy environments. We refused to accept the evidence [of harmful effects of tobacco] in our faces, and the same is happening with NCDs. We must open our eyes to the truth.

23. El Salvador**MoH Menjivar**

Done research on NCDs among children, young people and adults, and is now working on prevention and promotion for early detection and treatment. Regulating tobacco, food and agro chemicals, which all have a negative impact. Developing a project on how to comply with WHO FCTC and encouraging healthy lifestyles in public and private schools. Progress on early detection on cervical cancer and introduction of the HPV vaccine. Focus on primary care and referrals. Established the first radiotherapy centre to treat cancer free of cost.

24. Fiji**Prime Minister Bainimarama**

Implemented taxes on SSBs, tobacco and alcohol, and partnering with NGOs to implement prevention projects. 50% of Fijian population are under 27, and NCDs particularly affects this population. PM, the Chair of COP: We need to address the environmental effects and climate change.

25. Grenada**MoH Steele**

Currently carrying out a new STEPS survey, hopefully will show progress since the last one. New NCD staff member has been hired, and also have a national NCD commission. National legislation on tobacco is in its final stage. Grenada moves initiative to promote physical activity.

26. Guinea**MoH Diallo**

NCDs are threatening the achievement of national healthcare plan and economic plan. Children are specially affected.

27. Holy See**Archbishop Gallagher**

The role of women in shaping healthy lifestyles and practices, and the importance of healthy lifestyles.

28. Honduras**President Alvarado**

2015 awareness-raising programme "Get moving Honduras" more successful than imagined.

29. Iceland**MoH Svavarsdottir**

Strong society based on good health – empower individuals to make healthy choices through an enabling environment and by strengthening health literacy. Implemented high taxes on tobacco and preventive efforts, including parental involvement and strong legislation, which has decreased consumption and now most young people do not smoke. Exploring innovative ways to make healthy eating the easy choice. Special attention to mental health and neurological disorders – Iceland committed medical advances related to neurological disorders and promoting strengthened health services with PHC as the first entry point. The goal is to secure equal access and reduce out-of-pocket expenditure.

30. Indonesia**Senior Minister of Human Development and Culture Maharani**

Intensifying preventive and control measures. In 2017 healthy community movements to promote healthy lifestyles through prevention; regulation for displaying of sugar, fats and salt in fast food; strengthened collaboration with civil society.

31. Italy**MFA Moavero Milanese**

Promotion of sustainable agriculture and physical activity, including MoH dialogue with food industries and strict regulations on genetically modified food. Mention of environmental factors and the potential of technology. Highlights the importance of focusing on access to health coverage and the prevention and promotion of good habits, such as healthy diets.

32. Jamaica**MoH Tufton**

National targets on NCDs: Approved a 2013-2018 strategic and action plan for prevention; smoke-free legislation and graphic health warnings on tobacco; taskforce for food regulations on marketing and communication; physical activity guide for health workers; developing a national school nutrition policy.

33. Japan**Minister of Health, Labour and Welfare Kato**

Patient education on salt reduction as national challenges include high fat diets and physical inactivity. Focus on lifestyle and primary prevention. Addressing NCDs should be integrated in healthy ageing.

34. Jordan**CEO of KHCF speaking on behalf of Jordan's King**

Highlighted role of Jordan's King and the KHCF in cancer control in the Middle East.

35. Kenya**President Kenyatta**

Need for more financial resources in developing countries. Global action plan incorporated into national development plan using primary health care approach. Just launched a national NCD multisectoral committee to harness support from non-health sectors, and need for partnership with non-State actors. International community should consider creating a catalytic fund for NCDs.

36. Korea**MoH Park**

Growing burden of NCDs and demographic changes due to population ageing. Focusing on prevention and control in line with SDGs by promoting multisectoral participation, personalised healthcare plans, counselling online and offline. Pilot projects on hypertension and diabetes. Local government to roll out NCD prevention programmes. Strengthen global cooperation mechanisms to tackle NCDs.

37. Kuwait**MoH Al-Hamad Al-Sabah**

National initiative to reduce the amount on salt in bread given to people. Multisectoral national policy on NCDs.

38. Lesotho**Prime Minister Thabane**

Four main risk factors plus mental health and dementia have increased mortality. Have increased screening for various types of cancer, and increased prevention, management and control in primary care. Introduced the Best Buys with support of WHO.

39. Lithuania**MoH Veryga**

WHO has advanced in addressing NCDs – the FCTC is an example of this. Unfortunately there is a huge opposition to implement such measures from industries, such as the tobacco industry. There are instruments and international treaties that can be effective in the prevention and control of NCDs.

40. Madagascar**Acting President Rakotovao**

Madagascar is still in the epidemiological transition. Illnesses cause major financial difficulties and mortality – health and welfare of people is as important as economics.

41. Malaysia**MoH Ahmad**

Trade and economic growth had an adverse outcome, the globalisation of unhealthy lifestyles and marketing of alcohol, tobacco and unsafe food.

42. Malta**President Coleiro Preca**

The importance of social determinants and the need to act now if we are to reach SDG 3.4.

43. Marshall Islands**President Heine**

Many people with TB also have diabetes. NCDs are a challenge for social development. Sharply declining rates of tobacco use, mainly due to increase in political will. Now expanding same political drive to combat NCDs as a whole.

44. Micronesia**Minister of Health and Social Affairs Walter**

Declared NCDs as a public health emergency in its four states. Need to encourage the food industry to come up with healthy alternative.

45. Moldova**MFA Ulianovschi**

Health in all of the approaches and the need for a people centred health system. Cannot exclude any actor from the table.

46. Mongolia**MoH Sarangerel**

Mongolia 2030 to reduce the main risk factors and promote inclusive partnerships. National programme on salt reduction and to reduce injuries. Multisectoral cooperation to strengthen primary care and increased the budget for primary care, starting in 2019. National Committee on air pollution for multisectoral cooperation and effective government coordination. Strong collaboration with UN agencies. Increased taxation of alcohol and tobacco.

47. Montenegro**Prime Minister Markovic**

Have implemented several national strategies to address NCDs, including a Strategy for Sustainable Development, a Strategy for treatment and control of NCDs, a Strategy for Harmful consumption of alcohol, and the National Council for the Prevention and Control of NCDs, which is multistakeholder.

48. Morocco**MoH Doukkali**

Has set up a national strategy with a multisectoral approach. There is progress, including for refugees. First African country to combat all areas of cancer. Working with public hospitals on mental diseases. Focusing on prevention. Ensuring coordination amongst all state partners and political commitment at the highest level.

49. Mozambique**MoH Abdula**

The country is experiencing a huge demographic transition and NCDs are growing exponentially as a result of the adoption of unhealthy habits. NCDs are a government priority, and they are implementing strategies such as: multisectoral plan for the prevention and control of NCDs. Ratified the FCTC and alcohol measures as well. Strengthening health systems, improving road safety, and promoting physical activity. Reinforcement of CSOs. Expanding national capacities to reduce inequity. Investing in primary healthcare and communications strategies for behavioural change.

50. Nauru**President Waqa**

Global burden of disease ranked Nauru #1 number one in the world for rates of NCDs. NCDs prioritised in sustainable development strategy. Tax on sugar and relax taxes on fresh products.

51. Norway**Prime Minister Solberg**

The WHO-identified interventions on taxation of tobacco, alcohol and sugary products are not popular, but are necessary. Must challenge the misconception that little can be done.

52. Palau**MoH Roberts**

Have increasingly relied on imported and highly processed foods, which has influenced the obesity rates. Declared 2018 the year of good health and fight against NCDs. Eliminate soft drinks from school lunches, and have enhanced cross-country collaboration for prevention and treatment of NCDs (with USA, China, Cuba, etc.).

53. Panama**President Varela**

Must address the importance of social drivers of health, especially housing and inadequate lifestyles. Free clinics for people addicted to tobacco. Focus on women and children in first six months.

54. Paraguay**Minister of Health and Social Welfare Mazzoleni**

NCDs restrict human potential and people are sometimes drawn into poverty because of them. Focusing on risk factors, stress as a risk factor as well. At MERCOSUR working towards health in all health policies. Offer to host the next meeting on FCTC next year.

55. Philippines**MoH Duque III**

NCDs are a development issue and government is clear that investing in NCD prevention and control is crucial to maximizing the country's demographic dividend and economic performance. Taxes on tobacco, tobacco advertising, promotion and sponsorship ban, graphic health warnings on tobacco packs from 2012 has led a reduction of smoking prevalence. Taxes have enabled access to diabetes and hypertension drugs to vulnerable population. Introduced SSB tax in 2017 as part of tax reform package. Have been able to fight commercial lobbies through political will at all levels. Need strong civil society partnerships.

56. Portugal**MoH Fernandes**

National health services have helped Portugal achieve much - UHC is fundamental in pursuing the SDG agenda, particularly Goal 3. Implemented SSB tax in 2017, and the food industry has significantly reduced sugar content in its products. Hosted launch of Global Strategy on Physical Activity and several measures are in place, including allocating sugar tax revenue, to promote physical activity.

57. Russia**MoH Veronica Skrvotvatosa**

Intersectoral measures in place to reduce mortality from NCDs. Reduced alcohol intake by 40% and increased physical activity by 34%. Increased screening with innovative technologies and medicines. Since 2011, policy has been to mobilise domestic resources and mobilise countries to follow this path. Recognises the role of UNIATF and support the leadership of WHO.

58. Samoa**Prime Minister and MFA Sailele Malielegaoi**

Pacific NCD Summit aims to increase commitment of finance and trade ministers. Integrating NCDs into the implementation of SDG strategies and health plans. NCD policy and plan of action 2028-2030. Urban based

NCDs clinics to serve urban populations diagnosed with NCDs, and policies and legislation on unhealthy commodities (tobacco, alcohol, salt and sugary drinks). Excise tax of 8% on several food products and increased tax on tobacco and alcohol. Need of quality data to inform policy making.

59. Senegal

MoH Sarr

Set up integrated multisectoral NCD plan and disease specific plans. Plan to create budget line for NCDs and budget of 1 billion for cancer treatment. Insulin is subsidised. Reduce NCDs for the sake of the economy.

60. Singapore

MoH Gan Kim Yong

Need prompt response. Multisectoral response lifestyle choices. War on diabetes, schools provide healthy foods. Focus on reducing sugar consumption. Taxation, labelling and guidelines. Aim to bring smoking rates below 10% by 2020 from 12% in 2017 - targeting the youth.

61. Slovakia

Vice MoH Spanik

Urgency for evidence-based policy development implementation. Mental health conditions are included in NCD priorities. Supports food labelling and reformulation, and WHO leadership and defined goals.

62. Slovenia

MoH Fakin

Healthcare providers are trained to care for patients with chronic conditions. Aims to integrate services at all levels. Need to address commercial and social drivers of NCDs.

63. Solomon Islands

Prime Minister Houenipwela

In 2014 approval of the Pacific NCD Roadmap to guide country's efforts against NCDs. Expedite the full implementation of the WHO FCTC. We need to act now and revert NCDs for health, economic and political reasons.

64. Somalia

MoH Mohamud

Urban settings are increasing, as is obesity. Scarce data is an obstacle for getting an action plan on prevention.

65. Spain

MoH Consumption and Social Welfare Monton

The role of social determinants of health and must incorporate 'health and equality in all policies.' Two commissions have been created at national level to achieve SDGs and fight against child poverty. Must prevent rather than cure disease, and ensure proper healthcare and nutrition for citizens. Spain is helping countries to develop their national response to prevent and control NCDs.

66. St. Vincent and the Grenadines**Prime Minister Monsalves**

NCDs diminish quality of life and exact huge human and economic costs to society. Individuals have primary responsibility for their health, but civil society and governments also have an important role to play.

67. Switzerland**HoS Berset**

Efforts to combat NCDs so far are not sufficient - need better prevention and early detection, and better cooperation with the private sector. Investments and coordinated response for health systems, and the need for strong political commitment to act on factors that influence health, encouraging multisectoral action and cooperation with civil society.

68. Tanzania**MoH Mwalimu**

Has developed a national action plan for NCDs and involves all relevant stakeholders for prevention and treatment. Need to modify risk factors for NCDs and provide quality care. Transforming and strengthening health systems, and developing a financing strategy path towards UHC. Challenges on how to mobilise resources. NCD-related complications are due to sedentary lifestyles.

69. Tonga**MoH Piukala**

Have laid out legislative measures on tobacco, alcohol, SSB and others. Part of the WHO High-level Commission on NCDs. Proposes accountability for the commitments made at HLM. Welcomes the NCD Countdown 2030 launch.

70. Tunisia**MFA Jhinaui**

Developing, with help of the WHO Global Strategy, a national plan and involving health and other ministries (telecommunications, environment), in its NCD response. Focused on 9 indicators for NCD prevention and control. Raising awareness against risk factors. Challenge: access to medicines. SDG 17 is crucial to succeed.

71. Uganda**Prime Minister Rugunda**

Launched National Day of Physical Activity on July 8, 2018 under the slogan “my health, my responsibility.” Equipping health institutions to treat those already diagnosed. Challenges: affordability of health services, insufficient human resources which affect the path towards UHC.

72. Ukraine**MoH Suprun**

Efforts to strengthen the health system and to put patients first in the response. Implemented reimbursement programme for essential medicines. Promoted a national plan to ban advertisement of tobacco, alcohol and foods high in sugar and salt. Had great advances in reducing tobacco consumption, alcohol use, obesity, etc. Russian occupation of Crimea plays a great burden for the health system.

73. United States**Deputy Secretary Hargan**

Harnessing expertise and commitment of civil society and private sector to prevent and control NCDs. Working together with the private sector to progress and manage the conflicts of interest and address the skepticism to working with the private sector – primary benefit of collaboration is technological understanding. US looks forward to promotion collaboration to implement evidence-based strategies and supporting international partners. Scale up practical proven interventions and create environments conducive for individuals to make healthy choices. Leverage existing resources originally for infectious disease monitoring. Acknowledge the cost-saving and health benefits of technology. Looks forward to promote collaboration to implement evidence-based strategies and supporting international partners.

74. Uruguay**President Vazquez**

Refers to the Montevideo Roadmap from 2017. Reducing mortality due to NCDs is a task incumbent to all, including civil society and the private sector. Political commitments at the highest political level (HoS/G) to strengthen health systems and UHC.

75. Vanuatu**Prime Minister Salwai**

Set up National Plan that prioritises prevention, but treatment is expensive and diverts the limited resources of the health sector. UHC is a priority and must be provided to all citizens.

76. Vietnam**MoH Nguyen**

Resolution 20, issued by the Central Party Committee in October 2017, focused on strengthening primary health care and management of NCDs. PM has issued National NCD control strategy in 2015 and the multisectoral Healthy Vietnam Programme in 2018. Tobacco control law adopted, and multisectoral tobacco control fund launched. Alcohol control law will be submitted in October to National Assembly. Minister of Finance has increased alcohol tax, and the country has issued a national action plan to reduce salt consumption. Vietnam achieved 9 of the NCD indicators and implemented more programmes on hypertension, diabetes and tobacco control. Challenges: attitude and practice of population on NCD risk factors; Quality of health services at grassroots level not satisfactory. Proposes a Global Fund for NCD prevention and control to support research and promotion of best practices. Committed to intensifying NCD prevention and control to achieve 2025 and 2030 targets.

77. Zambia**President Chagwa Lungu**

Progress slow and uneven; the solution lies in prevention. Adopted a multisectoral approach - health in all policies. Access to services at primary health care level is still limited. Call all stakeholders to partner with to achieve SDG 3.4.

78. Egypt (on behalf of G77 and China)

MoH Zaid

NCDs are an increasing burden in all countries, but especially developing regions. The necessity to scale up domestic and donor financing and promote development cooperation. Address the challenges of African countries, SIDS, people living under foreign occupation, and middle-income countries. Must also address critical challenge of soaring prices of medicines and technologies, which is becoming unmanageable even for high-income countries. Time to implement reforms that allow UHC and access to all to become a reality.

79. European Union

Commissioner for Health & Food Safety Andriukaitis

There is a need to address actions on the social, commercial and behavioural determinants of health; more awareness about healthy lifestyles and promote mental health. Set up regulations at the European level on illegal tobacco exports. Partnering with African, Caribbean and the Pacific regions for the strengthening of health systems, with a focus on NCDs. Support the Defeat NCDs partnership.

80. Rwanda (on behalf of the African Group)

MoH Gashumba

Calls for sustained effective interventions, and that focusing on prevention is the best way to address NCDs. Set up two monthly car free days to reduce the threat of air pollution.

**Summary of Country Statements made during Panels 1 & 2 of the
third UN High-Level Meeting on NCDs**
Thursday 27 September 2018

PANEL 1:

Speakers:

1. St. Kitts and Nevis – Co-chair
2. Zambia – Co-chair

Statements from the floor:

3. Armenia
4. Bangladesh
5. Brazil
6. Brunei
7. Kenya
8. Malaysia
9. Mexico
10. Morocco
11. Nigeria
12. Papua New Guinea
13. Portugal
14. Senegal
15. Slovakia
16. Trinidad and Tobago
17. Turkey
18. Turkmenistan
19. Uganda
20. Ukraine
21. Venezuela

PANEL 2:

Speakers:

1. Canada – Co-chair
2. Jamaica – Co-chair

Statements from the floor:

3. Barbados
4. China
5. Czech Republic
6. Italy
7. Monaco
8. Netherlands
9. Singapore
10. Ukraine

PANEL 1: Strengthening health systems and financing for the prevention and control of non-communicable diseases, on each country's path towards achieving universal health coverage, including through sharing evidence-based best practices, scientific knowledge and lessons learned.

Speakers:

1. St. Kitts and Nevis

Prime Minister H.E. Mr. Timothy Harris

Emphasized that NCDs require multisectoral response, including governments, NGOs, private sector, and individuals.

2. Zambia

President H.E. Mr. Edgar Chagwa Lungu

NCDs have potential to explode into outbreak in Zambia, due to increased mortality. Focus on primary health care and legislation on tobacco, alcohol, and unhealthy food. Recognized the need for innovative finance interventions. Relevance of the Political Declaration by including commitment on UHC, health outcomes, people-centered primary and specialized health services.

Statements from the floor:

3. Armenia

Deputy Ministry of Health, Lena Nanushyan

Supports WHO FCTC. Has worked on the protection for the exposure for tobacco smoke, and has banned the use of novel tobacco products who are designed to target youth. Number of e-cigarette users increases daily in the country. By 2020 will impose laws to restrict the use of tobacco products.

4. Bangladesh

Minister of Health and Family Welfare, Zahid Maleque

Provided national statistics of mortality due to NCDs. Increased health budget 100% (14.5 billion USD for next 5 years). National health policies adopted with special attention to NCD control and prevention, including healthcare counseling, community clinics, etc.

5. Brazil

Director of the Dept. Monitoring NCDs and health promotion, Fatima Marinho

Brazil has increased the life expectancy by 6 more years. UHC covering 85% of population. National plan of NCDs started in 2012, which has decreased tobacco consumption by 35%. Alcohol consumption is still a challenge. Bloomberg initiative is helping with monitoring, surveillance and tracking progress of NCDs morbidity and risk factors.

6. Brunei**Minister of Health, Md Isham bin Jaafar**

Primary health care is the backbone of their health system, by providing comprehensive management of NCDs. Health ambassadors' program for community and grassroots leaders to facilitate health-related actions. Importance of ensuring sustainable funding for NCD actions at various levels, through collaborating.

7. Kenya**Head of NCD Division, MoH, Kibachio Joseph**

Supports WHO leadership on NCDs. NCDs are a major health concern linked to productivity. We need necessary resources and structures to implement the plans by the WHO. There needs to be increases financing for NCD interventions, by mobilizing multisectoral funding.

8. Malaysia**Ministry of Health, Chong Chee Kheong**

NCDs response has been slow, but Malaysia has developed an NCDs strategic plan 2016-2025. String focus on healthy environments. Called for a boost of innovative resources for NCDs.

9. Mexico**DG of International Relations, MoH, Dr. Hilda Davila**

Focus on primary care and education, through investment in health and multisectoral partnerships. Has addressed obesity and diabetes through its National Strategy for the Prevention and Control of Obesity and the Mexican Observatory on NCDs. Other areas of interest include drinkable water and advertising regulations. Launched a strategy on schools to ensure health promotion in 2017.

10. Morocco**Moroccan League for Fight against Diabetes, Jamal Belkhadir**

Commitment to Prevent and control NCDs 2018-2025. Has structured programs for NCDs focused on diagnosis and now developing new programs, with greater focus on the youth and children. Called for greater NCD prevention through multisectoral engagement and collaboration.

11. Nigeria**Prof. Isaac Adewole**

N/A

12. Papua New Guinea**Ministry of Health, Sir Puka Temu**

Communicable diseases remain a burden, facing an epidemiological shift towards NCDs. There is not timely diagnosis of cancer, so there is a need to prevent and raise awareness. Implemented a tobacco control act in 1981 stating that all public places should be smoke free. Has allowed imports of cobalt for radiation treatment for cancer. Has a multisectoral plan for NCDs.

13. Portugal

Secretary of State for Health, Fernando Araujo

Portuguese national health system provides health for all. Increased SSBs consumption among the youth. 2017 taxation of unhealthy foods (based on sugar content) has helped prevent NCDs; has decreased consumption/demand by 7%, and has increased consumption of water. Expects to reduce decreased sugar content in SSBs by 15%. Government will sign the Cooperation Agreement with food and retail industries.

14. Senegal

Delegate

NCDs could undermine fulfilment of SDGs by 2030 if efficient measures are not taken. 25% of deaths in Senegal are linked to NCDs. Have adopted multisectoral plans to fight NCDs. Has an anti-tobacco law since 2016, and received the Bloomberg price for having warnings on the tobacco packages. Has introduced vaccination for HPV.

15. Slovakia

Focal Point on UHC, MoH

Preventing and control of NCDs are multisectoral. There needs to be more evidence-based policy accessible for all countries. Country focuses on NCD risk factors and mental diseases. Diabetes is the most important for Slovakia, due to its mortality and morbidity rates. Has adopted population-based programs, innovation implementation and clinical guidelines for best practices.

16. Trinidad and Tobago

Minister of Health, Terrence Deyalsingh

UHC has been their priority since 1962. Has increase access to medicines for NCDs via PPPs with pharmacies. Negotiated a 49.5 USD million loan with IADB to decrease NCD deaths by 25% by 2025. Banned SSBs in primary & secondary schools. Need for trained health workforce, mainly nurses.

17. Turkey

Deputy General Director, MoH

Turkey applying national plans to reduce risk factors and NCDs, through a multisectoral action plan. Relevance of providing health services to displaced people and refugees; 30.5 million people have fled to Turkey from conflict areas. Has created an Inter Task Force, sharing information and acting together to protect people from dying young.

18. Turkmenistan

Head of delegation

NCDs an important national priority. Works towards implementing WHO FCTC; aims to become a tobacco free country, by implementing WHO measures to protect children from smoking. Are reorganizing healthcare system to achieve UHC. Adopted a national strategy of alcohol consumption and mental health. Will host the 2nd Ministerial European meeting on NCDs and mental health in 9-19 April 2019.

19. Uganda**Minister of Health, Jane Ruth Aceng**

95% of pop have no knowledge of NCDs or promotion of NCDs. My health my responsibility day on 2nd Sunday of July, every year. Adopted the FCTC in 2015 through smoke-free policies. Alcohol bill being worked on, will soon be signed into law. Government building and equipping tertiary hospitals to treat and manage NCDs, but workforce is a challenge.

20. Ukraine**Minister of Health, Ulana Suprun**

Approved national action plan for NCD prevention, control and health promotion. Included banning advertising and other types of promotion for tobacco, alcohol, energy drinks, foods high in fats, salt, sugar and trans-fats. Public education campaigns on costs of smoking, alcohol abuse, stress, polluted environments.

21. Venezuela**Ministry of Health, Carlos Alvarado**

Relevance of UHC for the country. Have identified risk factors: lifestyles of 'capitalist societies'; timely diagnosis and treatment, and essential list of medicines; Venezuela's situation making them to import all the medicines.

Panel 2: Opportunities and challenges in engaging Governments, civil society and the private sector at the global, regional and national levels to promote multisectoral partnerships for the prevention and control of non-communicable diseases and the promotion of healthy lifestyles.

Speakers:

1. **Canada – Co-chair**

Minister of Health, Taylor

Scaling up multi sectoral response and partnerships, promote healthy lifestyles to prevent NCDs. Meaningful engagement of civil society and government to address NCDs. Collaboration across departments and civil society to mobilize and engage and different approaches. Invite private sector to the implementation of the NCD response.

2. **Jamaica – Co-chair**

Minister of Health, Tufton

Jamaica Moves, 2 min video. NCDs leading cause of death in the world, mostly in LMICs. NCDs are growing concern in Jamaica, the 4 major NCDs account for 67% of all deaths between 30-70 years and inflict 17.22 Million USD losses. Government, industry and civil society call to action. More civil society engagement.

Statements from the floor:

3. **Barbados**

Minister of Health, Bostic

Different viewpoints and priorities (e.g. productivity or regulation) but these can be complementary. Investment not expense. Need national plans including partners in development and execution, embracing the business sector while managing conflict of interest. HCC is a fine example of regional mechanism for advancing NCDs - crucial convening role.

4. **China**

China Centre for Disease Control Representative

Health in all policies. Joint meeting system for control of major disease - 30 departments and orgs. Launched nationwide health and fitness programme - social orgs and institutions and academia, CSOs actively take part in health promotion. Local level - 366 national demonstration areas have been built. China is ready to exchange information with other MS.

5. **Czech Republic**

Minister of Health, Representative

Multi sectoral partnerships. Government support local and regional activities. Efforts of local authorities can serve as an example. Not possible to promote to healthy lifestyle without raising public awareness - local authorities can help. Health literacy should go hand in hand with local action. Cost effective.

6. **Italy**

Unnamed representative

Italian strategy is to invest, include, innovate. Adopted long term multi-pronged approach based on healthy lifestyle choices. Will invest in skilled health workers to fight preventable NCDs. Multi stakeholder approach partner with other departments, private sector and NGOs. Initiatives with private sector – e.g. food reformulation. Industry played an active role in this, in 2017 decade of action on nutrition established a multi sectoral working group in order to implement SMART actions to tackle malnutrition and all its forms. Fighting NCDs is an investment not a cost.

7. **Monaco**

Scientific Centre of Monaco President, Patrick Rampal

Multi sectoral programmes. Broad work in Madagascar and west Africa working with private sector in partnership. Integration of radiotherapy in fight against cancer. Working in prevention of all forms of addiction. Ambitious plan on early detection forms of cancer. Obesity - launched sports and nutrition programme. Nutrition advice given to young parents starting from infancy. Tax drinks with added sugar. Starting a programme of private and public catering to reduce calorie load on all menus.

8. **Netherlands**

State Secretary for Health, Welfare, and Sport Blokhuis

Multisector approaches and PPP are common practice for good reason. But governments should be in the lead and remain vigilant – especially in the involvement of industries marketing unhealthy products. Voluntary measures in alcohol/food have to be meaningful. He is working on prevention in tobacco, alcohol and obesity. Tobacco is not involved. Calls on all parties wishing to be at the table to agree to adopt the WHO Best Buys.

9. **Singapore**

Minister of Health, Yong

Example is collaboration with food industry - Health Promotion Board has a 5 year strategy to encourage healthy eating (engages restaurants and food manufacturers to make healthy food more accessible). Introduced the Healthier Ingredients Development Scheme to help manufacturers to introduce healthier ingredients and reduce e.g. sugar content. Also have a Healthier Dining Programme (food vendors get grants to develop healthier choices) and Eat Drink Shop Healthy Challenge (encourages choosing healthier options).

10. **Ukraine**

Acting Minister of Health, Supra

Government formally approved a national action plan to achieve SDGs by 2030. New culture of education and healthy lifestyles. Eastern Ukraine is temporarily occupied by Russian forces - mine-contaminated. There are challenges here beyond government policy. Need international community help; only with help can we bring peace. Only then will we have an easier time with NCDs policies