

**THE COALITION OF HEADS OF STATE AND GOVERNMENT  
FOR THE  
PREVENTION AND TREATMENT OF NCDs AND  
PROMOTION OF MENTAL HEALTH AND WELL-BEING**

**(referred to as “The High-level Coalition for the prevention and control of NCDs and the promotion of mental health” or “The Political Leaders Coalition for NCDs” or “The Coalition”)**

A new initiative of political leaders at the highest levels of government that are intensifying their efforts over the next three to five years to put their countries on a sustainable path to reaching SDG target 3.4 (on NCDs and mental health) by 2030

**CONCEPTUAL FRAMEWORK**

**Introduction**

1. The Coalition is an informal, voluntary, collaborative arrangement of interested Heads of State and Government from WHO Member States launched on 25 September 2019 as a follow up to the third High-level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs (New York, 27 September 2018). The Coalition will not constitute a legal entity.
2. The Coalition is founded on the 2030 Agenda on Sustainable Development which encouraged all Member States to develop practicable ambitious national responses to the overall implementation of the 2030 Agenda for Sustainable Development<sup>1</sup>, which includes SDG target 3.4 to “By 2030, reduce by one third premature mortality from NCDs through prevention and treatment and promote mental health and well-being”.
3. The Coalition unites Heads of State and Government in a collective effort to take ownership and responsibility in implementing the first operative paragraph of the 2018 Political Declaration of the UN General Assembly on the Prevention and Control of NCDs, i.e. “Strengthen our commitment, as Heads of State and Government, to provide strategic leadership for the prevention and control of NCDs by promoting greater policy coherence and coordination 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”<sup>2</sup>.

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<sup>1</sup> In accordance with paragraph 78 of resolution A/RES/70/1

<sup>2</sup> Paragraph 17 of resolution A/RES/73/2

4. The Coalition recognizes that “Heads of State and Government, not Ministers of Health only, should oversee the process of creating ownership at national level to reach SDG target 3.4 on NCDs and mental health”, in accordance with the first recommendation of the report of the WHO Independent High-level Commission on the Prevention and Control of NCDs.

5. The Coalition reinforces that Heads of State and Government must make bold political choices and commit to three to five years of intensive efforts to promote/support the rapid scale up of national efforts needed for a level of decline in the risk of premature deaths from NCDs which is sufficient to reach SDG target 3.4 by 2030. The Coalition recognizes that the current level of progress and investment is insufficient to meet SDG target 3.4 and that the world has yet to implement measures to reduce the risk of premature death and disability from NCDs<sup>3</sup>.

6. The Coalition applauds the list of “WHO best buys and other recommended interventions for the prevention and control of NCDs<sup>4</sup>”, which contains a menu of policy options, endorsed by the World Health Assembly in 2017 (resolution WHA70.11). The Coalition recognizes the list as the main menu of policy options and cost-effective interventions to assist Member States in implementing actions that will put them on a sustainable path to reach SDG target 3.4 by 2030, based on current scientific knowledge, available evidence, and a review of international experience<sup>5</sup>. The Coalition welcomes WHO’s efforts to update the list in light of new scientific knowledge and evidence, and WHO’s technical norms and standards, at periodic intervals as determined by WHO’s Governing Bodies.

### **Vision, mission, goals and objectives**

7. The scope of the Coalition includes the four main types of NCDs (cardiovascular diseases, cancers, chronic respiratory diseases and diabetes) and their four shared modifiable risk factors (tobacco use, unhealthy diets, physical inactivity and the harmful use of alcohol), as well as mental health disorders and other mental health conditions, and indoor and outdoor air pollution<sup>6</sup>.

8. The vision of the Coalition is to reduce the risk of premature death from NCDs and promote mental health and well-being and attain SDG target 3.4 by 2030.

9. The mission of the Coalition is to facilitate political, social and public health initiatives which promote the political choice by Heads of State and Government to intensify efforts to scale up national action to attain SDG target 3.4 by 2030.

10. The goal of the Coalition is to catalyse, at the global level, collective, concerted and coordinated advocacy of interested Heads of State and Government to promote the

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<sup>3</sup> In accordance with paragraph 4 of resolution A/RES/73/2

<sup>4</sup> Available at <http://www.who.int/ncds/management/best-buys/en/>

<sup>5</sup> In accordance with paragraph 1 of document A70/27 endorsed by resolution WHA70.11

<sup>6</sup> In accordance with paragraphs 31 and 37 of resolution A/RES/73/2

implementation of a specific subset of interventions from “WHO’s best buys and other recommended intervention for the prevention and control of NCDs”, respecting each country’s policy space and leadership to implement, according to own-country-led prioritization, a set of interventions.

11. The objective of the Coalition is to facilitate the exchange of information among interested Heads of State and Government on how best to make bold political choices and commit to three to five years of intensive efforts to scale up national responses to attain SDG target 3.4.

### **Joining the Coalition**

12. When they join the Coalition, Heads of State and Government recognize the need to act politically and agree to take forward a national political process during the next three to five years that contribute to a reduction in the risk of premature deaths from NCDs. This includes:

- Establishing or strengthening a national multisectoral mechanism for engagement of different spheres of policymaking that have a bearing on NCDs<sup>7</sup>, and/or establishing or strengthening national multi-stakeholder dialogue mechanisms<sup>8</sup> in order to attain SDG target 3.4, and/or establishing or strengthening a transparent national accountability mechanism<sup>9</sup>.
- Implementing one or two additional interventions from the set of “WHO best buys and other recommended interventions for the prevention and control of NCDs”<sup>10</sup>.
- Implementing one or two additional mass and social media campaigns that educate people about the harms of smoking/tobacco use and second-hand smoke, the harmful use of alcohol, the excessive intake of fats, sugars and salt, and/or promote the intake of fruits and vegetables, as well as physical activity<sup>11</sup>.

13. Any Head of State or Government of a WHO Member State who is actively engaged in the process of creating ownership at the national level to achieve SDG target 3.4 on NCDs and mental health, and in the national application of WHO’s technical norms and standards and knowledge- and evidence-based policy options for the prevention and control of NCDs, may participate in the Coalition.

14. Heads of State and Government can signal their intension of joining the Coalition by sending a letter of commitment to WHO.

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<sup>7</sup>In accordance with paragraph 30(a)(vi) of resolution A/RES/68/300

<sup>8</sup>In accordance with paragraph 25 of resolution A/RES/73/2

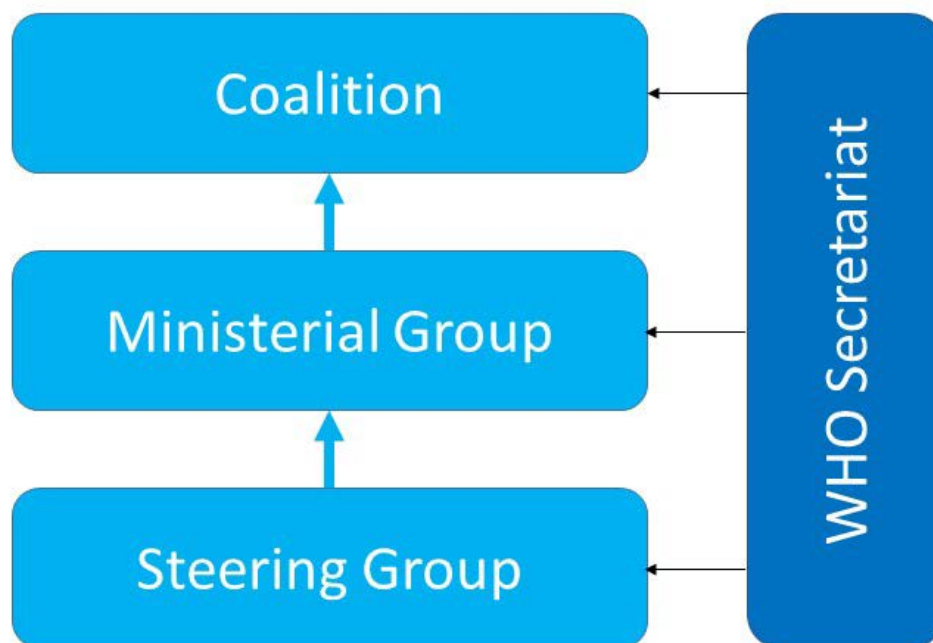
<sup>9</sup>In accordance with paragraph 45 of resolution A/RES/73/2

<sup>10</sup>Endorsed by resolution WHA70.11

<sup>11</sup>In accordance with paragraph 34 of resolution A/RES/73/2

### **Governance arrangements and composition of the Coalition**

15. The Coalition is composed of Heads of State and Government of WHO Member States. The work of the Coalition will be led by a Chairperson. In addition, the Coalition will be supported by a Ministerial Group, a Steering Group, and WHO Secretariat staff. The governance arrangements are set out in the paragraphs below and in figure 1.



*Figure 1: Governance arrangements of the Political Leaders Coalition for NCDs*

16. The Coalition will have the general oversight of the work of the Coalition, Ministerial Group and Steering Group. It will approve an annual work plan during its annual meeting on the occasion of the General Debate at the United Nations General Assembly in September in New York. The purpose of the annual meeting of the Coalition is to discuss progress, successes, challenges and lessons learned on the road to reach SDG target 3.4 by 2030.

17. The Chairperson plays an overall guidance role for the Coalition and ensures high-level visibility. The Chairperson will chair the annual meeting of the Coalition.

18. The first Chairperson is to be selected by the participating Heads of State and Government at the first annual meeting of the Coalition at the 2019 United Nations General Assembly for a term of twelve months. Consecutive Chairpersons will be selected by the participating Heads of State and Government at the consecutive annual meetings of the Coalition, each for a fixed 12-month period.

19. The Ministerial Group will be comprised of Ministers of Health from WHO Member States who have joined the Coalition. The Ministerial Group will develop a draft annual work plan for consideration by the Coalition. It will be responsible for identifying opportunities for synergy among the Heads of State and Government who have joined the Coalition, and for taking any follow-up action determined by the Coalition. The Ministerial Group will meet once a year on the occasion of the World Health Assembly in May in Geneva. The Ministerial Group will be chaired by the Minister of Health representing the Chairperson of the Coalition. The terms of reference for the Ministerial Group will be agreed by the Coalition at its first annual meeting.

20. The Steering Group will be comprised of representatives from the Permanent Missions in Geneva and/or New York from Member States who have joined the Coalition with a role to foster strong country ownership, consultation, dialogue and knowledge exchange among participating Member States with a view to support the Ministerial Group. The Steering Group will be responsible for preparing a proposed annual work plan of the Coalition for consideration by the Ministerial Group. It will also address any delays, changes or reorientation of the workplan and ensures alignment with and delivery of results as expected and approved by the Ministerial Group. The Steering Group will meet on a quarterly basis to consult on matters of common interest, which in their opinion are likely to lead to mutual collaboration at the level of the Coalition. The Steering Group will be chaired by the Permanent Mission representing the Chairperson of the Coalition. The terms of reference of the Steering Group will be agreed by the Coalition at its first annual meeting.

21. WHO shall provide the Secretariat for the Coalition within the Department for Partnership for NCDs.

22. The role of the WHO Secretariat will be:

- At the request of the Chairperson, to co-chair the annual meeting of the Coalition (at the level of the WHO Director-General);
- At the request of the chair of the Ministerial Group, to co-chair the annual meeting of the Ministerial Group (at the level of the WHO Deputy Director-General);
- At the request of the chair of the Steering Group, to co-chair the meetings of the Steering Group (at the level of the WHO Assistant Director-General for UHC/Communicable Diseases and NCDs);
- To provide the technical backbone for the activities of the Coalition, the Ministerial Group and the Steering Group;
- To track and publish the implementation of the commitments made by the Heads of State and Government who have joined the Coalition on a dedicated WHO website;
- To provide administrative and management support; and
- To provide the organizational arrangements for the meetings of the Coalition, the Ministerial Group and the Steering Group.

### **Miscellaneous provisions**

23. Heads of State and Government can signal their intention of terminating their participation in the Coalition by sending a letter to the Director-General of WHO.

24. A participating Head of State or Government, or Member State, will not use the name, emblem or symbols of other participating Heads of State or Government, WHO or Member States, without the express prior written approval of the other Member States or WHO in each case.

25. Subject to their respective information disclosure policies, participating Member States will acknowledge their participation in the Coalition to the public, as well as to the extent possible, provide general information with respect to national efforts to promote the steps set out in paragraph 12 of this conceptual framework.

26. Taking into account that the UN General Assembly has recognized “the fundamental conflict of interest between the tobacco industry and public health”<sup>12</sup> and that WHO Member States have stated that “WHO does not engage with the tobacco industry or non-State actors that work to further the interests of the tobacco industry”<sup>13</sup>, participating Member States will not promote, participate in or endorse tobacco industry involvement in initiatives developed in response to this conceptual framework.

27. Nothing in this conceptual framework will be construed as creating any form of legally binding commitment between Member States and/or WHO. This conceptual framework will be regarded as a non-binding administrative arrangement between interested parties.

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<sup>12</sup> Paragraph 38 of resolution A/RES/66/2

<sup>13</sup> Resolution WHA69.10