

MONTEVIDEO ROADMAP 2018-2030 ON NCDs AS A SUSTAINABLE DEVELOPMENT PRIORITY

Version dated 9 August 2017

1. We, Heads of State and Government, Ministers and representatives of State and Government participating in this Conference, have come together to restate our commitment to take bold action and accelerate progress to, by 2030, reduce by one third the premature mortality from non-communicable diseases (NCDs) in line with the 2030 Agenda for Sustainable Development. We continue to be inspired by the action catalysed by the 2011 UN Political Declaration on NCDs, and WHO Global Action Plan for the prevention and control of NCDs. We reaffirm our commitment to their implementation.
2. We acknowledge that premature mortality from NCDs continues to constitute one of the major challenges for development in the 21st century, driven by economic, environmental and social determinants of health. Despite the remarkable progress achieved in some countries or regions, this has been insufficient and highly uneven. Each year, 15 million people die from an NCD between the ages of 30 and 69 years; over 80% of these "premature" deaths occur in developing countries, disproportionately affecting the poorest and those furthest behind. Implementing coherent policies and ensuring that cost-effective, affordable and evidenced-based NCD interventions are available to all countries, according to national context and priorities, can reduce inequities and premature deaths from NCDs.
3. We recognize that there are obstacles that countries must overcome to achieving SDG target 3.4¹. Addressing the complexity of the determinants and main risk factors of NCDs, namely, tobacco use, physical inactivity, harmful use of alcohol and unhealthy diets, and developing necessary multisectoral responses is challenging, particularly when robust monitoring of NCD risk factors is absent. Consequently, there is limited political leadership, strategic action across sectors and policy coherence for the prevention and control of NCDs in line with approaches such as whole-of-government and health in all policies. One of the main obstacles at country level is the lack of capacity in addressing the conflicting public health goals and private sector objectives and drivers in order to adequately leverage the role of the diverse range of private sector entities in combatting NCDs. In addition, policies to prevent and control NCDs, such as regulatory and fiscal measures, are not effectively used and can be hampered by industry interference, including through legal disputes. Health systems must improve their work in recognizing and managing NCDs and in providing preventive services in the context of efforts to achieve universal health coverage. Reducing NCDs remain a low priority across the UN Agencies, NGOs, philanthropic foundations and academic institutions. The epidemiological transition resulting in an increasing disease burden from NCDs should be taken fully into account in international cooperation and development policies with a view to address the unmet demand for technical cooperation to strengthen national capacities.

¹ By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

4. Unless political action to address these obstacles is accelerated, the current rate of decline in premature mortality from NCDs is insufficient to meet SDG 3.4 by 2030. We, therefore, commit to pursue these actions:

Reinvigorate political action

5. Despite the complexity and challenging nature of developing coherent policies across government sectors through a health in all policies approach to addressing NCDs, we will continue doing so to achieve improved outcomes from the perspectives of health, health equity and health system functioning.
6. We will prioritize the most cost-effective, affordable and evidenced-based interventions that will bring the highest public health return on investment, in accordance with national context and priorities. We will emphasize health as a political priority, which must be reflected in regulation, standard setting and fiscal policies that address the impact of the four common NCD risk factors.
7. We will act across relevant government sectors to create health conducive environments and opportunities to establish concrete sectoral commitments based on co-benefits and to reduce negative impacts on health, including through health impact assessments. We will encourage NCDs implementation research to enhance the operationalization of national strategies. We will work collaboratively to share best practices and towards implementing innovative approaches to ensure improved surveillance and monitoring systems to support these actions.

Enable health systems to respond more effectively to NCDs

8. We will strengthen, as necessary, essential population level, people-centred public health functions and institutions to effectively prevent and control NCDs and to promote mental health and wellbeing.
9. We will continue investing in health workers as an essential part of strengthening health systems and social protection. We will ensure a highly skilled, well-trained and well-resourced health workforce to lead actions in the field of prevention and promotion of health.
10. We commit to improve health promotion and disease prevention, early detection, treatment, health surveillance, promoting reduced exposure to environmental risk factors, sustained management of people with or at high risk for cardiovascular disease, cancer, chronic respiratory disease, diabetes, or mental health conditions.
11. We will work towards the harmonization of global infectious disease and NCD agendas in both prevention and health systems at the national and global development levels, recognizing the opportunity to achieve gains in the prevention and control of both through integrated approaches.
12. We will ensure the availability of resources and the capacity needed to respond more effectively and equitably to NCDs as part of Universal Health Coverage, including through strengthened community-level prevention and health services delivery and equitable access to essential NCD medicines and technologies. We will ensure that our national health systems provide equal access to basic and specialised health services with financial risk protection.

13. We will better measure and respond to the critical differences in specific risk factors and determinants affecting morbidity and mortality from NCDs for children, adolescents, women and men across the life course, and pursue and promote gender-based approaches for the prevention and control of NCDs to address these critical differences. We call on WHO to prepare a technical report that examines how countries can pursue and promote gender-based approaches for the prevention and control of NCDs

Increase significantly the financing of national NCD responses and international cooperation

14. We acknowledge that national NCDs responses – through domestic, bilateral and multilateral channels – require adequate, predictable and sustained financing, commensurate with the global health and socioeconomic burden they impose. We will start by prioritizing domestic budgetary allocations for addressing NCDs, where possible.
15. Where needed, we will work on national investments cases for the prevention and control of NCDs, their risk factors and determinants, to create the fiscal space for action. Many countries will have to manage blends of innovative and traditional funding sources. Where appropriate, we will consider using interventions that have the capacity to generate revenues such as taxation of tobacco, alcohol, sugar-sweetened beverages as well as impact investment.
16. We call upon, UN agencies and other global health actors, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank, International Fund for Agricultural Development (IFAD), GAVI Alliance, regional development banks, and philanthropic foundations, to scale up support to governments in developing and implementing the national responses for the prevention and control of NCDs, aligned with national priorities. We call on WHO to consider establishing platform to bring together offer and demand for international cooperation on NCDs.
17. NCDs can perpetuate poverty. For the poor and near poor, chronic illness and disability can be an economic catastrophe. Hard fought economic gains can be quickly wiped out. Women face a double NCD burden, often assuming gender-based roles as unpaid carers of the sick. We will take action on the impacts of NCDs on poverty and development and we strongly encourage the inclusion of NCDs in the Official Development Assistance.

Increase efforts to engage sectors beyond health

18. We acknowledge that influencing public policies in sectors beyond health is essential in achieving health gains to reduce premature deaths from NCDs. In addition, we recognize the interconnectedness between the prevention and control of NCDs and the achievement of the SDGs beyond 3.4, including targets related to poverty, substance abuse, nutrition, death related environmental exposure, sustainable cities and others. Coordinated upstream action across sectors, including agriculture, environment, industry, trade and finance, education and urban planning will help to create a healthy and enabling environment that promotes policy coherence and supports healthy behaviours and lifestyles. It is the role of the health sector to advocate for these actions, present evidence-based information, support health impact assessments and provide policy reviews and analyses on how decisions impact health, including implementation research. We therefore commit to strong leadership and to ensure collaboration among sectors to implement policies to achieve shared goals.

19. WHO has a key role in providing sound advice about the interaction between the legal environment and NCDs. We will promote policy expertise to develop NCDs responses in order to achieve the SDGs. We call upon WHO with other relevant actors to scale up and broaden work integrating legal issues into country support, including supporting NCD interventions by providing evidence, tracking legal challenges, comparing laws and legal claims across jurisdictions, developing model laws and assisting countries in responding to legal challenges, including through support in implementing model laws, data and evidence gathering and tracking impact. We therefore encourage the UN Inter-Agency Task Force on NCDs to explore the possibility of establishing a UN Commission on NCDs and the Law.
20. We recognize that access to education that promotes health literacy at all levels of society and contexts is a key determinant of health. In particular, the school environment will be enabled to provide evidence-based education, including information and skills. We will also improve awareness-raising on health and wellbeing throughout society, including the prevention and control of NCDs supported through public awareness campaigns and health promoting environments that make the healthy choice the easier choice and facilitate behavioral changes.
21. We will scale up efforts to use information and communication technologies, including e-health and m-health, and other non-traditional and innovative solutions, to accelerate action towards SDG target 3.4.
22. We are concerned that the increased production of energy-dense, nutrient poor foods has contributed to diets high in saturated fats, sugars and salts. We will work towards advancing the implementation of global strategies and recommendations that make progress towards strengthening national food and nutrition policies, including by developing guidelines and recommendations that support and encourage healthy and sustainable diets throughout the lifecycle of our citizens, increasing the availability and affordability of healthy, nutritious food, including fruits and vegetables, while enabling healthier food choices, and ensuring access to clean and safe drinking water. We call on WHO to fully leverage the UN Decade of Action on Nutrition to reduce diet-related NCD's and contribute to ensure healthy and sustainable diets for all.
23. We call on WHO to conduct a review of international experience of intersectoral policies to achieve SDG target 3.4 on NCDs, and update its guidance on multisectoral and multi-stakeholder action for the prevention and control of NCDs and to consider establishing a web portal with case studies on multisectoral NCD responses to be updated on a continuing basis

Seek measures to address the negative impact of products and environmental factors harmful for health and strengthen the contribution and accountability of the private sector

24. One of the main challenges for the prevention and control of NCDs is that public health objectives and private sector interests can, in many cases, conflict. We commit to enhancing the national capacity to engage constructively with the private sector for NCDs prevention and control in a way that maximizes health gains.
25. We acknowledge that we need to develop coordinated and coherent policies and strengthen evidenced-based regulatory frameworks and align private sector incentives with public health goals,

to make health conducive choices available and affordable, and in particular, to promote healthy environments and lifestyles.

26. We further encourage the private sector to produce and promote more food products consistent with a healthy diet, including by reformulation products to provide healthier options that are affordable and accessible and that follow relevant nutrition facts and labelling standards, including information on sugars, salt and fats and, where appropriate, trans-fat content; to take measures to implement WHO set of recommendations to reduce the impact of the marketing of unhealthy foods and non-alcoholic beverages to children, while taking into account existing national legislation and policies.
27. We acknowledge the importance of environmental risk factors and the inter linkage of SDG targets 3.4 and 3.9². We will promote actions that are mutually reinforcing and support achievement of both of these targets.
28. We will take steps, where needed, to implement reliable national accountability systems to monitor the implementation of private sector commitments and their contribution to national NCDs responses. We call on WHO to support countries with expertise and tools to address these gaps.
29. We call upon all countries to accelerate the implementation of the WHO Framework Convention on Tobacco Control, as appropriate, as one of the cornerstone of the global response to NCDs. Recognizing the fundamental and irreconcilable conflict of interest between the tobacco industry and public health, we will continue to implement tobacco control measures without any tobacco industry interference.
30. We call on WHO to consider establishing a commission to address the commercial determinants of health that have a bearing on the prevention and control of NCDs.

Reinforce the role of non-State actors

31. We acknowledge the need to engage with non-State actors in view of their significant role for the advancement and promotion of the highest attainable standard of health and to encourage non-State actors to use their own activities to protect and promote public health, in line with national context and priorities.
32. We will increase opportunities for meaningful participation of nongovernmental organizations, philanthropic foundations and academic institutions and, where and as appropriate, private sector entities, in building coalitions and alliances across the spheres of sustainable development in the prevention and control of NCDs, recognizing that they can complement the efforts of governments and support the achievement of SDG 3.4, in particular in developing countries.
33. We call on the private sector, ranging from micro-enterprises to cooperatives to multinationals, to contribute to address NCDs as a development priority, in the context of the achievement of the SDGs, in particular SDG 17³.

² By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

³ Strengthen the means of implementation and revitalize the global partnership for sustainable development

Continue relying on WHO's leadership and key role in the global response to NCDs

34. We recognize WHO as the directing, co-ordinating and normative authority on international health among UN agencies, and its essential role in supporting the development of national NCD and mental health responses as an integral part of the implementation of the 2030 Agenda for Sustainable Development. WHO's advice to Member States and other international organizations on how to address the determinants and risk factors to address the prevention and control of NCDs and mental health conditions remains indispensable for the global action on NCDs.
35. We call on WHO to strengthen its capacity to provide technical and policy advice and enhance multistakeholder engagement and dialogue, through platforms such as the WHO Global Coordination Mechanism and the UN Inter-Agency Task Force on NCDs.
36. We further call on WHO to consider prioritizing the implementation of strategic actions in preparation of the third United Nations High Level Meeting on NCDs in 2018.

Act in unity

37. We acknowledge that the inclusion of NCDs in the 2030 Agenda for Sustainable Development provide the best opportunity to place health and in particular NCDs at the core of humankind's pursuit of shared progress and sustainable development. Ultimately, the aspiration of the 2030 Agenda is to create a just and prosperous world where all people exercise their rights and live in dignity and hope.
38. Acting in unity to address NCDs demands a renewed and strengthened commitment to show that we can be effective in shaping a world free of the avoidable burden of NCDs. In so doing, we will continue to listen to and involve the peoples of the world – those exposed to NCD risk factors, and those with health care needs for NCDs and mental health. We will continue to build a future that ensures present and future generations enjoy the highest attainable standard of health.

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