



IDF'S RESPONSE TO THE 3rd UN HLM ON NCDs POLITICAL DECLARATION



International
Diabetes
Federation

IDF'S RESPONSE TO THE THIRD UN HLM ON NCDs POLITICAL DECLARATION

The third UN HLM on NCDs resulted in the adoption of a Political Declaration by the UN General Assembly, "[Time to deliver: accelerating our response to address non-communicable diseases for the health and well-being of present and future generations](#)". The Declaration outlines the way forward to combat NCDs.

While IDF welcomes several aspects of this Declaration, we regret a number of shortcomings, omissions and lack of new concrete commitments.

Political commitment to accelerate action and whole-of-government approach to NCDs

The HLM Political Declaration opens with several statements reaffirming Member States' "political commitment to accelerate the implementation of the 2011 Political Declaration and 2014 Outcome Document" and the "right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health". While IDF welcomes these important remarks, we believe that the **HLM was a missed opportunity to show stronger political commitment**.

Diabetes and other NCDs cause more than 15 million premature deaths yearly, (86% of which occur in developing countries) and are a key contributing factor to household poverty and inequalities worldwide¹. Diabetes alone caused four million deaths across all age groups in 2017². Despite these dramatic figures, **only 23 Heads of State/Government were present at the HLM** – just 12% of the total number of UN Member States and down from 34 Heads of States attending the first HLM on NCDs in 2011.

IDF believes that the HLM was a missed opportunity to show stronger political commitment

The Declaration also reaffirms "the primary role and responsibility of governments at all levels in responding to the challenge of NCDs" through, among others, "health-in-all-policies approaches". IDF agrees that a collaborative approach across all government departments is the only

effective way to tackle diabetes and other NCDs. Despite this declaration of intention, **not one Minister of Finance accompanied the 55 Ministers of Health who attended the HLM** – indicating a clear **lack of whole-of-government approach to NCDs**, in the context of the need for adequate levels of sustained funding to guarantee the prevention and management of diabetes and other NCDs.



Insufficient level of progress

The Political Declaration recognises that "action to realize the commitments made for the prevention and control of NCDs is inadequate and that the level of progress and investment to date is insufficient". It also acknowledges "the progress achieved by some countries in the implementation of the commitments made in 2011 and 2014 [...] by reducing NCDs risk factors" including unhealthy diets and physical inactivity.

IDF agrees that some countries have been making progress towards NCD prevention and management, but we believe the Declaration fails to acknowledge the **alarming lack of progress as a whole** – notably when it comes to the **prevention of obesity and type 2 diabetes**. In 2018, no countries were on track to achieve a 0% increase in obesity by 2025. When it comes to the target of no increase in diabetes prevalence by that same date, only eight countries were on track to achieve it among men and 24 among women. This makes it clear that **action on promoting healthy diets and physical activity is far from adequate**³.

Monitoring and accountability mechanisms

While the Political Declaration calls on WHO to “*continue to promote and monitor enhanced global action to prevent and control NCDs*”, it **fails to reflect the urgency for Member States to implement or strengthen appropriate monitoring systems** to track their real progress in the fight against diabetes and other NCDs. Furthermore, the 2018 Declaration **fails to include NCD time-bound commitments** for Member States, making of it a significantly weaker document than the [2014 HLM on NCDs Outcome Document](#), which included four time-bound commitments – including “*considering setting national NCD targets*” and “*considering developing national multisectoral policies and plans*” by 6469.

According to the WHO [NCDs Progress Monitor 2017](#) report, which provides data on 19 indicators in all 193 Member States, monitoring efforts remain uneven and insufficient – only 93 countries had set national targets to address NCDs (up from 59 in 2015) and 94 had implemented operational multisectoral strategies to address them (up from 64 in 2015)⁴. While this represents a significant advance on 2015 in relation to the need for monitoring action and progress, it suggests that more than half the Member States had not yet started implementing these two commitments. **The 2018 Political Declaration is a missed opportunity to foster enhanced monitoring mechanisms and further milestones and targets.**

The 2018 Political Declaration is a missed opportunity to foster enhanced monitoring mechanisms and further milestones and targets

The Declaration also mentions the need for governments to “*establish or strengthen transparent national accountability mechanisms*”, and “*reaffirms the role and responsibility of governments at all levels in responding to the challenge of NCDs by developing adequate national multisectoral responses for their prevention and control*”. However, the Declaration **fails to request that accountability be assigned at the highest political level**. Heads of State/Government need to be held directly accountable for national progress on diabetes and NCDs to ensure that a

whole-of-government response involving all departments is articulated. The Political Declaration should have been clear on the need for visionary leadership in the fight against diabetes and NCDs.

Heads of State/Government need to be accountable not only at the national, but also at the global level. UN HLMs are a perfect forum to further this global accountability. The Political Declaration mandates that the next HLM on NCDs be held in 2025. **IDF is extremely concerned that holding the next HLM in seven years' time leaves no time to identify and take any required remedial action** – especially since the targets of a 0% increase in diabetes prevalence and 80% access to essential medicines are to be met in 2025. We believe that diabetes and other NCDs deserve much higher political attention and regret Member States' lack of commitment in this respect. **We therefore request that Member States reconsider this decision and hold an HLM at an earlier date.**

IDF is extremely concerned that holding the next HLM in seven years' time leaves no time to identify and take any required remedial action

In the absence of a UN HLM on NCDs before 2025, IDF will be active during **other UN and WHO meetings** (starting with the 72nd World Health Assembly and the [UN HLM on Universal Health Coverage](#) planned for September 2019). IDF will advocate for increased action to meet the 2025 and 2030 diabetes-related targets, prevent the number of people with diabetes from increasing further and improve the health of those already living with diabetes. Additionally, IDF requests that WHO continues encouraging action at the national level through the hosting of **Global Meetings of National NCD Programme Directors and Managers** (such as [the one organised in 2016](#)), to allow for the exchange of local insights and global perspectives on how to strengthen health systems for the NCD response.

Strengthening health systems

Responsible for 71% of global deaths in 2016, NCDs represent a major challenge for health systems worldwide. They disproportionately affect low- and middle-income countries, where over three quarters of these deaths occur (almost half of them before the age of 70)⁵, posing an even greater challenge to their health systems.

IDF welcomes Member States' recognition of the need to **“strengthen health systems and reorient them towards the achievement of universal health coverage and improvement of health outcomes, and high-quality, integrated and people-centred primary and specialized health services for the prevention, screening and control of non-communicable diseases”**.

We also commend the references made in the declaration regarding the need to scale up efforts and the responsibility on the part of national governments to:

- * *“implement cost-effective, affordable and evidence-based interventions and good practices, including those recommended by WHO, for the prevention and control of diseases”,*
- * *“establish or strengthen national multi-stakeholder dialogue mechanisms”,*
- * *“invest in research, including in public health measures, on health promotion and disease prevention [...] and in new treatment options for prevention and cost-effective therapies”,*
- * *“promote healthy communities [...] and promote healthy lifestyles”, and*
- * *“empower the individual to make informed choices by providing an enabling environment, strengthening health literacy through education, and implementing population-wide and targeted mass and social media campaigns that educate the public about [...] excessive intake of fats, in particular saturated fats and trans fats, sugars and salt [...] as well as healthy and balanced sustainable diets and reduce sedentary behaviour.”*

IDF agrees that **all the actions and tools mentioned above are key to addressing the diabetes and NCDs epidemic**

as a whole, and we particularly welcome the acknowledgment of the need **to improve education of healthcare professionals and people living with NCDs** as part of the response to the epidemic.

The political declaration fails to recognise the potential of fiscal measures as a useful and effective public health policy

If awareness of the required tools does not translate into concrete implementation at the national level though, the Political Declaration and the UN HLM will have served no useful purpose and the number of people living with and dying from diabetes will continue to rise.

The **Political Declaration fails to recognise the potential of fiscal measures as a useful and effective public health policy**. Member States only commit to *“promote and implement policy, legislative and regulatory measures, including fiscal measures as appropriate”*. WHO's [6456 Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition](#) considers that *“trade measures, taxes and subsidies are an important means of guaranteeing access and enabling healthy dietary choices”*. The [6459 Report of the Commission on Ending Childhood Obesity](#) also recommends *“implement(ing) an effective tax on sugar-sweetened beverages”*. IDF believes that the Political Declaration's language on fiscal measures remains too vague and non-committal.



IDF welcomes Member States' recognition of the need for **NCDs prevention and management in humanitarian settings**, specifically the need to “*strengthen the design and implementation of policies, including for resilient health systems and health services and infrastructure to treat people living with NCDs, and prevent and control their risk factors in humanitarian emergencies, including before, during and after natural disasters, with a particular focus on countries most vulnerable to the impact of climate change and extreme weather events*”. We regret, however, that the Political Declaration only mentions natural disasters, without making reference to **man-made catastrophic events**. Yet, according to [UNOCHA](#), conflict will remain the main driver of humanitarian needs in 2019.⁶



IDF estimates that, out of the 68.5 million forcibly displaced people in 2017, four million live with diabetes. To respond to the critical challenge of diabetes management and prevention in humanitarian settings, [IDF launched a multi-stakeholder initiative](#) in 2018 – supported by a grant from the [World Diabetes Foundation](#) and involving representatives of the [International Committee of the Red Cross](#), the [United Nations Relief and Works Agency for Palestine Refugees in the Near East](#), the [World Health Organisation](#), and [Santé Diabète](#).

As part of this campaign, IDF intends to raise awareness of the difficulties associated with diabetes management and control in humanitarian settings and **urges all key stakeholders** (national governments, international agencies, donor organisations, civil society and the private sector) to:

- * **Guarantee uninterrupted access to diabetes medication and care** for all displaced people with diabetes and integrate diabetes care as a key component of the humanitarian response;

- * **Increase funding to strengthen health systems** in areas with a high burden of displaced populations;
- * **Generate data through screening and monitoring programmes** to assess the exact burden of diabetes among forcibly displaced people.

IDF estimates that, out of the 68.5 million forcibly displaced people in 2017, four million live with diabetes

Meaningful engagement with civil society and accountability of the private sector

IDF welcomes Member States' commitment to “**promote meaningful civil society engagement** to encourage Governments to develop ambitious multisectoral responses for the prevention and control of NCDs, and to contribute to their implementation, forge multi-stakeholder partnerships and alliances that mobilise and share knowledge, assess progress, provide services and **amplify the voices of and raise awareness about people living with and affected by NCDs**”. The only way to develop adequate diabetes and NCD responses that address the priorities of people living with them is by inviting people living with diabetes and other NCDs to share their insights and expertise, and contribute to the development of adapted policies and programmes. IDF and its global network of over 230 diabetes associations stand ready to support Member States' efforts in this area.

Unfortunately, the Political Declaration's references to collaboration with the private sector are less encouraging. Member State commitments to: “*engage with the private sector, taking into account national health priorities and objectives for its meaningful and effective contribution to the implementation of national responses to NCDs*” and an invitation to “**the private sector to strengthen its commitment and contribution to the implementation of national responses to NCDs**” and an invitation to “**the private sector to strengthen its commitment and contribution to the implementation of national responses to prevent, control and treat NCDs**” – including “*further producing and promoting food products consistent with a healthy diet, making further efforts to reformulate them in order to provide healthy and nutritious options*” and “*committing to reduce the exposure of children to and impact on them of the marketing of foods and beverages [...]*”

where applicable” fall well short of what will be required to bring about significant change.

The Political Declaration fails to recognise the responsibility of the food industry and its role in hindering the achievement of the global diabetes and NCD targets, and the SDG target 3.4. With all countries off track on the 0% increase in obesity by 2025 target, IDF believes that **some of the key commercial determinants of health must be subject to government regulation**, building on the experience of the [WHO Framework Convention on Tobacco Control](#). Member States should not only invite the private sector to take action on reformulating unhealthy products and preventing children’s exposure to the marketing of unhealthy products, but legislate to ensure that progress is achieved.

Member States should not only invite the private sector to take action (...) but legislate to ensure that progress is achieved

With regard to private companies from the health sector, Member States invite them to contribute to the implementation of national responses by “*improving access to and the affordability of safe, effective and quality medicines and technologies in the prevention and control of NCDs*”. IDF believes that this invitation does not go far enough. Pharmaceutical and medical technology companies have a key role to play and a clear responsibility in supporting the goal to achieve Universal Health Coverage. It is imperative they accelerate efforts to improve the provision of affordable, essential quality medicines and technologies through closer collaboration with governments, increased openness and transparency, adequate and fair pricing and enhancements to the procurement and supply chain.

Financial resources

A pre-requisite to translating diabetes and NCD commitments into action is adequate funding at every step of the way: from prevention, management and care, to monitoring and accountability. However, the Political Declaration makes little reference to the financing of the NCD response.

While IDF welcomes Member States’ commitment to

“mobilise and allocate adequate, predictable and sustained resources for national responses to prevent and control NCDs [...] through domestic, bilateral and multilateral channels, including international cooperation and official development assistance, and continue exploring voluntary innovative financing mechanisms and partnerships, including with the private sector, to advance action at all levels”, we believe that **the Political Declaration fails to reflect the urgency for significant additional financial resources mobilisation.**

In the 2015 [Addis Ababa Action Agenda](#), Member States agreed to consider taxing harmful substances to deter consumption and increase domestic resources. Unfortunately, the third HLM Political Declaration fails to reflect this tool. IDF believes that the **taxation of unhealthy products can be positive not only to steer consumers away from such products and/or limit their consumption, but also to provide new revenue streams that can be used to enhance health systems.**



IDF'S FUTURE ADVOCACY PRIORITIES

Since 2011, IDF advocacy priorities have focused on preventing an increase in the number of new type 2 diabetes cases and in ensuring access to essential diabetes medicines and technologies. In the years to come **IDF will continue advocating for increased action** as follows:

Implementing and/or strengthening prevention measures to achieve a 0% increase in diabetes prevalence by 2025

Preventing the onset of new type 2 diabetes cases – which account for 90% of the total – is key to achieving the WHO 2025 target. IDF encourages Member States to do this by:

- * Setting up **national multisectoral diabetes plans and policies** integrating diabetes and other NCD risk factors, and time-bound national diabetes targets and indicators
- * Setting up or improving **surveillance and monitoring** mechanisms, to generate reliable data on the prevalence of diabetes and its risk factors – including in areas with a high burden of displaced population to assess the exact number of forcibly displaced people with diabetes and allow for an improved humanitarian response
- * Setting up **time-bound diabetes targets and indicators** to support national monitoring
- * Implementing **education campaigns** aimed at the general population on how to recognise the symptoms of, and prevent, type 2 diabetes;
- * Implementing **locally-tailored comprehensive lifestyles programmes addressing the diabetes risk factors**, especially for the at-risk populations;
- * Encouraging **fiscal policies and other public health measures** to promote healthier diets, especially among children;
- * Considering the use of **cost-effective medication strategies**, alongside lifestyle programmes.

Boosting investment to enhance health systems and ensure 80% access to essential medicines and devices by 2025 and Universal Health Coverage (UHC) by 2030

2

Improving access to affordable, essential diabetes medicines, technologies and supplies and care is urgent not only in developing countries, but also in high-income countries where paying for diabetes care can lead to catastrophic expenditures⁷. IDF encourages Member States to achieve this by:

- * Improving or creating **health protection systems** in particular pre-payment schemes to reduce the financial barriers to access to medicines and care, improve equity and fairness, and protect households against catastrophic health care expenditure
- * **Improve access to the health systems for all;**
- * **Strengthening health systems** through the development and implementation of evidence-based guidelines, protocols and/or standards for diabetes management through a primary care approach, including in areas with a high burden of displaced population
- * **Improving multisectoral collaboration** to guarantee fair and adequate pricing and optimise the supply chain;

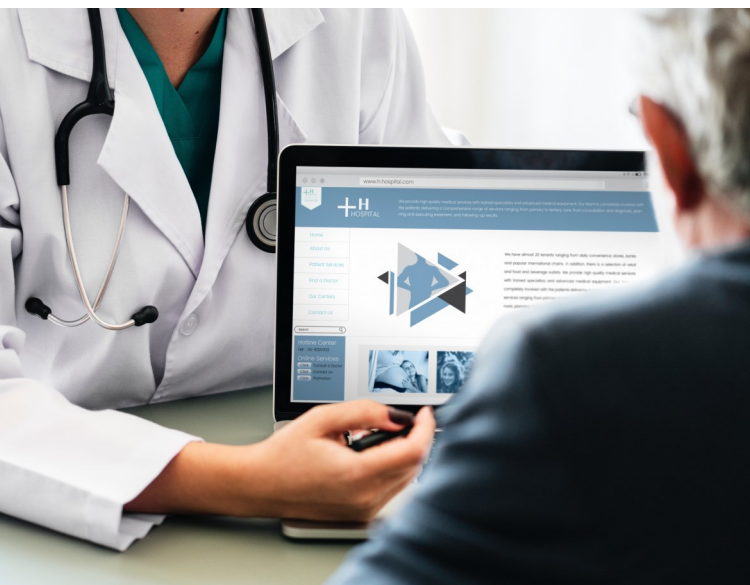


- * **Increasing the budget for the management and prevention of diabetes** and other NCDs by **leveraging all existing financing sources** (including taxing unhealthy products and ring-fencing the revenues of this taxation for health purposes) **and developing new funding mechanisms**, including, for example, voluntary contributions generated through civil society campaigning, solidarity levies, buy-downs, social impact/pay-for success bonds etc.;
- * Implementing **strategic purchasing** activities and developing **partnerships** for required capacity building initiatives.

Improving diabetes education to achieve a 30% reduction in diabetes-related premature mortality by 2030

Achieving a 30% reduction in diabetes-related premature mortality by 2030 is dependent not only on improving access to essential medicines and devices, but also on implementing adequate education policies. IDF encourages Member States to do this by:

- * Establishing adequate **education programmes for healthcare professionals** on how to prevent, recognise and treat diabetes to avoid serious complications that can ultimately lead to death;



- * Developing **education programmes for people with diabetes and their carers** which offer sound information about the disease, its management and the prevention of complications at the time of diagnosis and throughout their lives.

Listening to the priorities of people with diabetes and defend their rights

The only way to develop adequate diabetes and NCD responses that address the priorities of people living with them is to listen to their insights and expertise. IDF encourages governments to do this by:

- **Empowering and engaging meaningfully with people living with diabetes** in developing appropriate policies to prevent and manage diabetes;
- Eliminating all types of discrimination against people with diabetes through the **adoption of regulations that defend their rights**, as well as the development education campaigns aiming to eliminate misconceptions among the general population.
- Increasing **engagement with civil society** organisations in their countries

Of course, IDF is not alone in its advocacy activities. We will closely collaborate with our global network of over 230 diabetes associations, the [Blue Circle Voices](#) and the [Young Leaders in Diabetes](#), in requesting governments to turn their commitments into national actions that improve the lives of people living with diabetes, their carers and those at risk. A global community united in diabetes advocacy.

REFERENCES

- ¹ World Health Organization, [Factsheet on Non-communicable Diseases](#), 2018.
- ² International Diabetes Federation, [IDF Diabetes Atlas Eighth Edition](#), 2017.
- ³ [Global Nutrition Report](#), 2018.
- ⁴ World Health Organization , [Noncommunicable Diseases Progress Monitor](#), 2017.
- ⁵ World Health Organization ,Global Health Observatory, [NCD Mortality and Morbidity](#), 2016.
- ⁶ United Nations Office for the Coordination of Humanitarian Affairs, [Global Humanitarian Overview](#), 2019.
- ⁷ Defined by the SDG 3.8.2 as a “large household expenditure on health as a share of household total consumption or income”. https://www.who.int/health_financing/topics/financial-protection/monitoring-sdg/en/

Image on page 7 sourced from World Obesity Federation's [Image Bank](#).

