

DRAFT

**Political Declaration of the third high-level meeting of the General Assembly
on the prevention and control of non-communicable diseases**

COMPILATION 16 JULY 2018

**TIME TO DELIVER: Accelerating our [G77 ADD: collective] response to address
NCDs for the health and well-being of present and future generations**

Chapeau 1. We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations on 27th September 2018 to undertake a comprehensive review of the challenges and opportunities to implement our existing commitments for [EU ADD; G77 AGAINST: **the health promotion and**] prevention and control of NCDs, [EU ADD; AUS SUPPORT; US, G77 AGAINST: **including mental disorders, / AUS ALT: *mental health conditions***] which constitute a major challenge for the health and well-being of our peoples and for sustainable development; (OP1 of 72/274, P2 and P26 of 70/1) [G77 KEEP ORIGINAL LANGUAGE]

PP1. [US DELETE; G77, NOR KEEP: **Strongly**] Rreaffirm our political commitment to accelerate [NOR DELETE; G77 OK: **progress on**] the implementation of the [G77, MEX REPLACE; NOR OK: **previous HLM outcome documents on the Prevention and Control of Non-communicable Diseases**¹ **2011 political declaration of the high level meeting of the GA on the prevention and control of NCDs and the 2014 outcome document of the high level meeting of the GA on the comprehensive review and assessment of the progress achieved in the prevention and control of NCDs**], which continue to inspire our action and catalyse our efforts [NOR MOVE DOWN: *in-line with the 2030 Agenda for Sustainable Development in order/ AUS REPLACE: *in-line with to achieve*] to reduce risk factors for non communicable diseases and [AUS, G77 EDIT; NOR OK: **addressing**] [CAN ADD: **their**] [NOR ALT MOVE; SWI SUPPORT; US OK: **determinants of health**] [NOR END PARA HERE] [EU REPLACE; G77, NOR OK: **socio= social,**] [SWI ADD; G77, US AGAINST: **commercial,**] economic and environmental [US ADD: **risk factors**] determinants [G77, AUS REPLACE: **of NCDs of health**] [NOR ADD; G77 OK: **as well as the impact of economic, commercial, and market factors**] [US ADD: **in the prevention and control of NCDs**] and promote [EU ADD: **physical and**] mental health and well-being [G77 ADD: **as well as address the challenge of the high costs of medicines and health technologies**] [NOR ADD: **in order to /US REPLACE: *achieve contribute to achieving***] the health related goals in the 2030 Agenda for Sustainable Development, in particular target 3.4 to reduce by one third premature mortality from non-communicable diseases by 2030 through prevention and treatment and promote mental health and well-being) (66/2 and 68/300, OP78 of 70/1)*

¹ Resolutions A/RES/66/2 and A/RES/68/300

[G77 PROPOSE NEW PARA on AAAA:

PP PRE 1bis. *Reaffirming* General Assembly resolution 70/1 of 25 September 2015, entitled “Transforming our world: the 2030 Agenda for Sustainable Development”, which includes non-communicable disease-related targets, including reducing by one third premature mortality from non-communicable diseases by 2030 and ensuring prevention and treatment, as well as support for research and development for vaccines and medicines, and reaffirming the Addis Ababa Action Agenda of the Third International Conference on Financing for Development, which noted the enormous burden that non-communicable diseases place on developed and developing countries, and that these costs are particularly challenging for developing countries,]

[G77 PROPOSE TWO NEW PARAS ON 2030 AGENDA:

Pp1bis. [NOR SUPPORT: *Reaffirming* the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health] [NOR END PARA HERE; US SUPPORT] and to a standard of living adequate for the health and well-being of oneself and one’s family (partial PP7 of 71/159- Global Health and Foreign Policy: Health Employment and Economic Growth) [EU SUPPORT]

Pp1 ter. *Recognizing* that health is a precondition for and an outcome and indicator of all three dimensions — economic, social and environmental — of sustainable development and that, despite progress made, challenges in global health, including major [US REPLACE: *inequities disparities*] and vulnerabilities within and among countries, regions and populations, still remain and demand persistent attention,(pp6 of 72/139 - Global Health and Foreign Policy: addressing the health of the most vulnerable for an inclusive society)] [EU SUPPORT]

PP2.[NOR ADD, flex; MEX SUPPORT; G77 AGAINST: Recognize that many countries still face [AUS REPLACE: *important extensive*] challenges in the implementation of the commitments made in 2011 and 2014, [US ADD: *on the prevention and control of NCDs*] and] Rrecalling the SG report ² that recognizes that action to realize [MEX REPLACE: *the those*] commitment made in 2011 and 2014 [US ADD: *on the prevention and control of NCDs*] is [SWI REPLACE; NOR, G77 KEEP: *inadequate insufficient*], that the current level of progress [US ADD: *at the national level*] [G77 ADD: *and funding*, [MEX prefer term; US ADD and SUPPORT MEX: *national and international investment*] [SWI, US AGAINST; AUS REVERT: *especially Official Development Assistance*]] is insufficient to meet target 3.4 of the Sustainable Development Goals [AUS ADD, flex on placement; MEX SUPPORT: *to reduce by one third premature mortality from non communicable disease through prevention and treatment and promote mental health and well-being*] and [NOR ADD: *that*] [SWI REPLACE: *the world Member States hasve*] yet to fulfil [SWI

² A/72/662

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REPLACE: its their] [US REPLACE: promise commitment] [EU REPLACE, flex; G77, NOR KEEP: of through] implementing [EU ADD: at all levels] measures to reduce the risk of [CAN REPLACE: dying prematurely premature death and disability] from non-communicable diseases

[EU ADD NEW PARA; NOR SUPPORT:

PP2bis. Note that the insufficient level of progress to meet SDG target 3.4 is particularly regrettable in view of the availability of effective interventions, including those [US REPLACE: recommended cost-effective recommendations] by WHO, [US ADD: and] other [US ADD: evidence based] interventions for the prevention and control of NCDs;] [G77 AGAINST, but flex on point]

[G77 PROPOSE MOVE PART OF PP4 to become PP2bis, w/ ADD:

PP2BIS [G77 MOVE FROM PP4: Recognize that many countries still face important challenges in the implementation of their commitments, remain deeply concerned that the burden of non-communicable diseases continues to rise disproportionately in developing countries [G77 ADD: and that every year 15 million people between ages of 30 and 69 die from non-communicable diseases, and that 86% of these premature and avoidable deaths occur in developing countries (FOOTNOTE REPORT A71/14 OF WHO DIRECTOR GENERAL);] [G77 MOVE NOR LANGUAGE FROM PP2 here]

PP3. Acknowledge the [NOR, MEX, G77 DELETE: remarkable] progress achieved by some countries in the implementation of their commitments made in 2011 and 2014 for the prevention and control of [SWI: the] [MEX DELETE, flex; CAN, EU, NOR KEEP: four major [US ADD: types of] non-communicable diseases, namely, cardiovascular disease, diabetes, cancer and chronic respiratory diseases] by reducing their [US REPLACE: main four common modifiable] risk factors, namely, tobacco use, the harmful use of alcohol, unhealthy diets and physical inactivity, [G77 ADD: underlying socioeconomic and environmental determinants of NCDs] [NOR ADD; US SUGGEST avoid repetition: and by addressing the underlying social, economic and environmental determinants of non-communicable diseases and the impact of economic, commercial and market factors,] as well as [US ADD: by addressing air pollution, and] by improving disease management to reduce morbidity, disability [EU ADD and REPLACE: and mortality [G77 END PARA HERE] and by addressing [US ADD: risk factors for poor] health [US AGAINST: determinants] and promoting physical and mental health and wellbeing and death]

[G77 PROPOSE MOVING PP4 UP w/ edits to become PP2BIS]

PP4. [NOR DELETE: Recognize that many countries still face [AUS REPLACE: important extensive] challenges in the implementation of their commitments,] rRemain deeply concerned that [NOR ADD: that every year 15 million people between ages of 30 and 69 die prematurely from NCDs and that] the burden of non-communicable diseases continues to rise disproportionately in developing countries and acknowledge that the huge human and economic cost of non-communicable diseases contributes to

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poverty and [US REPLACE: inequality health disparities] and threatens the health [EU REPLACE; G77 flex: of peoples and wellbeing of current and future generations,] and the development of countries [NOR ADD; G77 flex;: and that [US ADD: progress towards] achieving [US ADD: access to] universal health coverage [US ADD: in line with their national sovereignty, finances, context and priorities] is essential for the NCD agenda] (Paragraph 4 and 13 in A71/17)

[EU ADD NEW PARA:

PP4bis. Acknowledge that despite NCDs consist of a [US REPLACE: wide variety heterogeneous group] of diseases and conditions, including mental disorders and other mental health conditions, [US REPLACE: they that many NCDs, but not all] can be effectively prevented and controlled by comprehensive policies strategies and programmes that address their common [US DELETE: determinants and] risk factors; [CAN suggest reformulating language]

[RUS SUGGEST CONSIDERING STREAMLINE OF ABOVE PPS]

PP5. Welcome that the General Assembly proclaimed 2016-2025 as the Decade of Action on Nutrition; [G77 ADD: and encourage its implementation] [SWI ADD; G77 AGAINST, keep original: , as an opportunity for stakeholders to strengthen joint efforts towards eradicating hunger and preventing all forms of malnutrition within the global nutrition agenda within the 2030 Agenda for Sustainable Development]

[G77 ADD NEW PARA; MON SUPPORT:

PP5BIS [US REPLACE: Reaffirming Recalling] the WHO Global Action Plan for the Prevention and Control on NCDs 2013 - 2020 and the WHO Mental Health Action Plan 2013 – 2020;] (70/259, P10 of Rome Declaration on Nutrition); WHO Global Strategy and Action Plan on Ageing and Health 2016 -2020 WHO Action Plan on Physical Activity 2018-2030; WHO Framework Convention on Tobacco Control; WHO Global Strategy to Promote Healthy Diets and Physical Activity (2014); and WHO Global Strategy to Reduce Harmful Use of Alcohol (2010); as well as Member State's priorities]

PP6. Welcome the convening of the WHO Global Conference on the Prevention and Control of Non-communicable Diseases, hosted by the Governments of Finland, Russian Federation, Uruguay and WHO, from 18 to 20 October 2018⁷ in Montevideo, and [US REPLACE; NOR KEEP: its taking note of] outcome document entitled “Montevideo roadmap (2018-2030) on the prevention and control of non-communicable diseases as a sustainable development priority” and recall resolution 71.2 of the WHA [G77, AUS KEEP ORIGINAL LANGUAGE]

[MON ADD NEW PARA between PP5 and PP7:

Welcomes the WHO Action Plan on physical Activity 2018-2030 and notes its objectives and recommendations]

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PP7. Welcome further the report of WHO Independent High Level Commission on NCDs entitled “Time to deliver” and [G77 ADD: take] note [G77 ADD: of] its recommendations

[G77 ADD NEW PARA:

PP7BIS *Recalls* the Adelaide Statement on Health in All Policies and the Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development, and its efforts in order to include health in all public policies.]

[[ICE PROPOSE NEW PARA:

Pre-PP8. Recognize that neurological disorders are an important cause of morbidity and contribute to the global non-communicable disease burden, in respect of which there is a need to provide equitable access to effective programmes and health-care interventions (Res 68/300 (2014 outcome document), PP5)

~~[EU DELETE and ALT below PP8. Recognize that mental disorders and other mental health conditions contribute to the global burden of non-communicable diseases and that people living with mental disorders and other mental health conditions have an increased risk of other non-communicable diseases and higher rates of morbidity and mortality]~~

[EU PROPOSE PP8 ALT PARA:

PP8alt. Recognizing that mental disorders and other mental health conditions contribute to the global burden of non-communicable diseases and that depression alone affects 300 million people globally and is the leading cause of disability worldwide and that almost 800,000 people die from suicide every year (WHA65.4);]

[EU PROPOSE NEW PARA based on original PP8:

PP8bis Recognising further that people [EU DELETE: living] with mental disorders and other mental health conditions, [US ADD: may face stigma and discrimination] [EU ADD; US AGAINST: in addition to being stigmatised and discriminated [US, RUS ADD: against] and [*having therefore their human rights often violated* / CAN ALT: *susceptible to having their human rights violated*/ AUS ALT, flex: *therefore may experience violations of their human rights*] are at an increased risk of other non-communicable diseases resulting in higher rates of morbidity and mortality from NCDs;]

[EU PROPOSE NEW PARA:

PP8ter. Note with concern that the number of NCD among the ten global leading causes of death is increasing being in 2000 four and in 2016 seven, namely ischemic heart disease, stroke, chronic obstructive pulmonary diseases, Alzheimers and other dementias, cancers and diabetes, and notes further that road injuries also feature among the ten leading causes of death]

PP9. [G77 ADD: Reiterating our concern regarding the rising levels of obesity, particularly among children and] Acknowledge the [G77 ADD: significant] impact

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of non-communicable diseases on children, which is of particular concern, [EU ADD: **aggravated by *social inequalities*/ US ALT: *poverty***] and recognizing that children that are given the opportunity to grow and develop in [EU ADD: **an a healthy**] environment that, [EU ADD: **is responsive to their needs and,**] at a young age, fosters and encourages healthy behaviours and lifestyles, including [G77 ADD: **breastfeeding, healthy diet, [EU ADD: *regular physical activity*,] providing information for healthy**] [US REPLACE: ~~dietary choices~~ **healthy foods / EU prefer: *choices***] [EU DELETE: ~~and physical activity, and promotes the maintenance of healthy weight,~~ can greatly reduce the risk of non-communicable diseases, [EU ADD: **including in mental disorders**] in adulthood [US DELETE: ³]; [US ADD; G77 AGAINST: **and reduce exposure to toxic pollutants with disproportionate impacts on children including air pollution, lead and mercury.**] (Source likely WHA RES 63.14) [NOR SUPPORT G77 COMMENTS]

[CAN PROPOSE NEW PARAS:

PP9bis1 Acknowledge the interlinkages between non-communicable diseases and environmental risk factors including air, water and soil pollution, exposure to chemicals and climate change.

Acknowledge the need to build healthy communities by readdressing the way cities and human settlements are planned, designed, financed, developed, governed and managed to prioritize highly connected and accessible neighbourhoods that promote walking, cycling, and the use of public transport. (Source: A/RES/71/256* New Urban Agenda; WHA A71/18 Physical Activity for Health)]

[EU PROPOSE THREE NEW PARAS:

PP9bis2 Acknowledging that gender equality perspectives are essential to understanding health risks and needs, with regards to NCDs that affect and are experienced by women and men of all ages and underlines that a gender equality perspective should be considered in prevention and control of NCDs, with the aim of improving the conditions for healthy lives and reducing health inequalities;

PP9ter2 Acknowledge that addressing risk factors and health determinants goes beyond the capabilities of the health sector alone, that it is well documented that social and environmental conditions are significant for the health of the population, that the disparities of resources in these areas lead to health inequalities and that prevention and control of NCDs, as well as ensuring health equity requires a health in all policies approach;

PP9quat. Acknowledge the environmental determinants of health, in particular air pollution, and the built urban environments and public transport options, which can either enable or discourage physical activity]

³ [US DELETE: Source: Set of WHO recommendations of the marketing of foods and non-alcoholic beverages to children endorsed by resolution.]WHA63.14

[G77 PROPOSE TWO NEW PARAS:

PP9bis 3. Acknowledge the disproportionate burden of non-communicable diseases on people in older age and that population ageing is a contributing factor in the rising incidence and prevalence of noncommunicable diseases and express concern that many health systems are not sufficiently prepared to respond to the needs of the rapidly ageing population, including the need for preventive, curative, palliative and specialized care, (partial PP9 A/RES/72/144)

PP9ter 3 (*could be considered with PP4*)

Express grave concern that the huge human and economic cost of NCDs contributes to poverty and inequality and threatens the health of peoples and the development of countries, costing developing countries over the next 15 years more than US\$ 7 trillion.]

[MON PROPOSE NEW PARA:

Original PP9bis : Encourages Member States to adopt best practices and means to promote the practice of sport and physical activity among all members of society to achieve healthy lifestyle and prevent cardiovascular disease, diabetes and obesity" (A/RES/71/160 OP11 up to "members of society")]

[JPN PROPOSE NEW PARA, wording and placement flexible; NOR AGAINST; G77 consider moving:

PP BIS X Recalling the Economic and Social Council resolutions on the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases]

[CAN PROPOSE NEW PARA:

PPBIS XX Acknowledge the particular vulnerability and impact of NCDs on women, the intergenerational cycle of malnutrition and NCDs and the need for policies and programmes to consider the specific needs of women.]

PP10. Reaffirm the primary role and responsibility of Governments [EU ADD; G77 AGAINST: across all their sectors, at national and sub-national levels] in responding to the challenge of non-communicable diseases [NOR REPLACE: ~~by developing through~~] [SWI ADD: adequate [G77 ADD: -ly funded] and cost-effective] [G77 ADD: multisectoral] national responses for their prevention and control, [NOR ADD; G77 SUPPORT; US AGAINST: including through [AUS ADD; NOR SUPPORT: policy,] legislation, regulation and taxation measures / US ALT: including through voluntary measures and best practices as well as regulatory and legislative measures, where appropriate and promoting and protecting the right of everyone to the enjoyment of the highest attainable standard of physical and mental health [G77 ADD: and wellbeing]; (PP3 of 66/2, and WHO Constitution)

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PP11. Acknowledge that [US REPLACE: ~~other all~~] stakeholders [US DELETE: ~~also share responsibility/~~ EU ADD; US AGAINST: *share this responsibility*] [NOR REPLACE: ~~and contribute for contributing~~] / and [EU REPLACE: ~~can should~~] contribute [EU REPLACE: ~~in to~~] creating a conducive environment to prevent and control non-communicable diseases, and [US ADD: **Member States**] recognize the need to bring together [EU REPLACE; US flex: ~~civil society and the private sector all stakeholders~~] / *civil society* [US ADD: *faith-based communities*] and [NOR ADD: *also*] *the private sector* [NOR ADD; US AGAINST: **where and as appropriate,**] the private sector [AUS ADD; US AGAINST: **with the exclusion of the tobacco industry in line with Article 5.3 of the Framework Convention on Tobacco Control**] to mobilize [NOR DELETE: ~~all available~~] / *all* [EU ADD: *their*] *available* resources to the implementation of national responses for the prevention and control of non-communicable diseases; (P39 of 70/1) [G77 KEEP ORIGINAL TEXT]

[G77 PROPOSE NEW PARA:

PP11 pre bis. *Emphasizing* that the United Nations system has an important responsibility to assist Governments in the follow-up to and full implementation of agreements and commitments reached at the major United Nations conferences and summits, especially those focusing on health-related issues, (A/RES/64/265 pp15)]

[NOR PROPOSE NEW PARA; CAN, AUS, RUS SUPPORT; G77 flex but add UNIATF; US RESERVE:

PP11 Bis. Recognize the leading role of the World Health Organization as the primary specialized agency for health, including its *normative* function in relation to health policies in the area of non-communicable disease and mental health; (para 13 of 2011 declaration) [G77 ADD: *and recalling the Economic and Social Council resolutions on the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases*]

[G77 PROPOSE FIVE NEW PARAS IN PPS, still considering placement:

PP X 1. Note with concern the possible linkages between non-communicable diseases and some communicable diseases, such as HIV/AIDS and Tuberculosis; and further recognizing the need to integrate, as appropriate, responses to communicable and non-communicable diseases, especially in countries with the highest prevalence rates;

PP X 2. *Reaffirming* the right to use, to the fullest extent, the provisions contained in the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), which provides flexibilities for the protection of public health and promotes access to medicines for all, in particular for

developing countries, and the Doha Declaration on the TRIPS Agreement and Public Health, which recognizes that intellectual property protection is important for the development of new medicines and also recognizes the concerns about its effects on prices; PP20 of 72/139 – Global Health and Foreign Policy

PP X 3. Recognizing that SIDS have some of the highest prevalence rates of NCDs and their risk factors and that they are disproportionately affected by the changing scope, scale and complexity of natural disasters;

PP X 4. Acknowledge that although cervical cancer is one of the most vaccine preventable and treatable forms of cancer, it is one of the greatest threats to women's health, and note with concern that women in developing countries are disproportionately affected by cervical cancer

PP X 5. Recognize that renal, oral and eye diseases pose a major health burden for many countries and that these diseases share common risk factors and can benefit from common responses to NCDs, with a view to encouraging the integration of essential and primary oral, renal and eye healthcare care in the context of UHC to improve health outcomes and reduce overall healthcare cost; (first part to NCDs is PP19 of A/RES/66/2, remainder new language)]

Chapeau 2. We, therefore, commit [US ADD; NOR AGAINST: in accordance with national context and international obligations (Source: WHA 71.9 IYCF Resolution)] to scale up efforts and further implement the following actions:

OP1. Strengthen our commitment as Heads of State and Government to [US REPLACE; NOR, SWI keep exercise provide] [NOR DELETE; SWI SUPPORT: a] strategic leadership [SWI ADD; NOR SUPPORT: and stewardship] for the prevention and control of NCDs by promoting greater policy coherence and coordination [NOR REPLACE; SWI SUPPORT: engaging— and by taking] decisive and bold actions across government and [NOR ADD and edit; SWI SUPPORT: engaging with with] all stakeholders, including civil society, [US ADD: faith-based communities/ HOLY SEE ALT: *religious institutions or faith-based organisations, (Source: Para 28 of NCD GAP)* and [NOR ADD: also] the private sector [NOR ADD; SWI, CAN AUS SUPPORT; US SUGGEST move up to include all; RUS flex: where and as appropriate], and by ensuring that [NOR REPLACE; SWI SUPPORT: issues relating to the risk factors for] non-communicable diseases [NOR REPLACE SWI SUPPORT: receive are addressed through] an appropriate, coordinated, comprehensive and integrated whole-of-society response; (R1 of the report of the HLC, and P30(a)(viii) of 68/300) [US, RUS, G77 PREFER ORIGINAL OP1]

[G77 PROPOSE OP1 ALT:

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OP1 ALT 1 Strengthen our commitment, as Heads of State and Government, to provide strategic leadership for the prevention and control of NCDs by ensuring greater policy coherence and coordination through whole of Government and health in all policies approached and by engaging all stakeholders in a coordinated, comprehensive and integrated whole of society response.]

[EU PROPOSE OP1 ALT:

OP1 ALT 2 Strengthen our commitment as Heads of State and Government to exercise a strategic leadership for prevention and control of NCDs ~~DELETE: by promoting greater policy coherence and coordination engaging decisive and bold actions across government and will all stakeholders, including civil society and the private sector, and by ensuring that issues relating to non-communicable diseases receive an appropriate, coordinated, comprehensive and integrated whole-of-society response;~~]

[EU PROPOSE NEW PARA:

OP1bis. Promote health and *[US REPLACE: ensure facilitate]* increased policy coherence by appropriate, coordinated and comprehensive health in all policies and whole-of-government and whole-of-society approaches for bold and decisive responses to NCDs and mental health needs, including by *[US REPLACE: guaranteeing enabling]* a high level of health protection and implementing essential public health functions;]

[EU PROPOSE NEW PARA:

OP1ter. Call for a multisectoral response for prevention and control of NCDs at all relevant levels, involving all relevant sectors that have impact on social and environmental health determinants, to promote health equity, gender equality and health for the whole population.]

OP2. Scale up the implementation of the commitments made in 2011 and 2014 for the prevention and control of NCDs ~~[NOR REPLACE; G77 OK: as part of the ambitious national responses to the overall implementation of through ambitious national responses, and thereby contribute to [G77 ADD: the implementation of]]~~ the 2030 Agenda for Sustainable Development; ~~[NOR ADD: in particular the target to reduce by one third premature mortality from NCDs through] [NOR DELETE: including by integrating,]~~ ~~[US ADD; G77 OK: across the life-course]~~ as appropriate, action on the prevention and control of non-communicable diseases and promotion of ~~[US ADD: diagnosis and treatment of]~~ mental health ~~[US ADD: disorders]~~ and ~~[US DELETE: well-being]~~ ~~[NOR DELETE: into national responses;]~~ ~~[G77 ADD: including, but not limited to, those dedicated to end poverty, address climate change and air pollution, ensure education, end hunger, improve nutrition and promote sustainable agriculture, ensure sustainable consumption and production, ensure access to housing and transportation and strengthen partnerships while leveraging synergies all local, national and international levels]~~ (based on R2 of the report of the HLC, p.78 of 70/1, p30 of 68/300) **[EU, G77 KEEP ORIGINAL LANGUAGE]**

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OP3. [US ADD: integrate/implement,; EU, CAN, RUS prefer; NOR SUPPORT: implement] ~~According to country-led prioritization~~, [G77 ADD: including through national] [US ALT ADD: multisectoral] [US, EU DELETE: integrate] [NOR ADD, flex; US AGAINST or edit: *into a national multisectoral action plan,*] ~~the set of~~ [NOR, AUS ADD: WHO] cost-effective affordable and evidence based [NOR ADD, flex: NCD] interventions for the prevention and control of non-communicable diseases that can be scaled up [RUS ALT; G77, HOLY SEE MEX SUPPORT: ...[G77 ADD: and to prevent] *people in vulnerable situations or those who are vulnerable*] to [US ADD: diagnose and] treat people with non-communicable diseases, [AUS ADD; CAN, NOR SUPPORT; US, G77 AGAINST: *footnote on WHO best buys*⁴] protect those at risk of developing them, and reduce risk across populations; (based on R2 of the report of the HLC, P78 of 70/1, P30(a)(v) of 68/300, P45(a) of 66/2, and P45(m) of 66/2);

[EU PROPOSE OP3 with edits:

OP3. *w/ ALT edits:* Implement, according to country-led prioritization ~~integrate a the set of cost-effective affordable and low cost and evidence-based interventions and good practices, taking into account those recommended by WHO,~~ for the prevention and control [G77 ADD: including palliative care] of non-communicable diseases that can be scaled up [G77 ADD: including through the investment in palliative care] across populations with a special emphasis on gender and health [US REPLACE: *inequalities disparities*] and the needs of disadvantaged and most vulnerable groups, to promote health and to protect those at risk of developing, and to treat people with NCDs;]

[G77 PROPOSE NEW PARA:

OP3 pre bis. Develop, as appropriate, a national investment case on the prevention and control of NCDs to raise awareness about the national public health burden caused by NCDs, the relationship between NCDs, poverty, social and economic development, the number of lives that could be saved and the return on investment;] [NOR PROPOSE TO REPLACE OP8 and OP10 to become OP3bis, flex:

OP3bis. Scale up the implementation of the commitments made in 2011 and 2014 to reduce [US ADD: the major risk factors of] tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity [SWI ADD: based on the WHO Best Buys and other recommended cost effective interventions for the prevention and control of NCDs and] through implementation of [US ADD: health promotion] [US REPLACE: ~~policy policies~~ and], legislative, regulatory and fiscal measures, [US ADD: as appropriate] [US DELETE: ~~including taxation of tobacco and alcohol, as well as products high in sugar, salt, fats and trans fats,~~] [AUS ADD; JPN SUPPORT: within the context of national requirements and needs] to minimize the impact of the main risk factors for NCDs, and promote healthy diets and lifestyles;] [JPN DELETE][EU, G77 RESERVE][MEX, AUS, SWI SUPPORT]

⁴ [AUS ADD: <http://www.who.int/ncds/management/best-buys/en/>]

[G77 RESERVE REMAINDER OF PARAS]

OP4. Establish [EU REPLACE; RUS, G77 SUPPORT: ~~or~~ and] strengthen national multi-stakeholder dialogue *mechanisms with* [NOR ADD; US AGAINST: *due regard to* [US ADD: *the management of*] *conflict of interest and clear*] *accountability* / [US DELETE; NOR, G77 KEEP: *mechanisms with accountability*] [EU ADD; RUS, NOR, G77 SUPPORT: *, as appropriate,*] for [NOR ADD: *contributing to the*] implementation, [US ADD; NOR, G77 AGAINST: *monitoring and evaluation*] of the [US AGAINST: *national multisectoral* [NOR ADD; G77 SUPPORT: *NCD*] *action plan*] for the prevention and control of non-communicable diseases to attain the national targets; (R6 of the report of the HLC, Montevideo Roadmap, and 30(a)(vi) of 68/300)

OP5. [EU ADD; G77, US AGAINST, PREFER ORIGINAL TEXT: *Invest in research, including in public health measures on health promotion and disease prevention and health sectors role therein, and in new treatment options,*] Sshare information [NOR DELETE: *with global and regional partners*] on [EU REPLACE; G77 KEEP: *experiences evidence-based best practices*], including successes and challenges related to the implementation of national policies and programmes to [EU ADD: *promote health*] prevent and control non-communicable diseases, in order to [EU ADD: *further strengthen the global knowledge and*] [NOR REPLACE: *build expand*] [EU DELETE: *the*] [NOR REPLACE; US KEEP: *global WHO*] evidence base on best practices and lessons learned to promote informed action;

[EU PROPOSE NEW PARA:

OP5bis. Acknowledge the impact of NCDs on elderly people- which is a particular concern regarding the growing proportion of older people and especially mid and high income countries- and recognising that elderly people have an increased risk of NCDs and therefore also higher rates of comorbidity of NCDs which constitute a major challenge for the health system]

[G77 PROPOSE NEW PARA:

OP5ter: Invest in research, including in public health measures, on health promotion and disease prevention and health sectors role therein, and in new treatment options including mainstreaming and standardization of traditional medicines for prevention and cost-effective therapies.]

OP6. Take the necessary measures to recognize the [US REPLACE, *flex*; NOR, AUS SWI KEEP: *rights to importance of*] / [HOLY SEE ALT; NOR OK; US OK: *right of everyone to the enjoyment of the highest attainable standard of physical and mental health* (Source: International Covenant of Economic, Social and Cultural Rights Art. 12)] health across the life-course [US, HOLY SEE DELETE; NOR KEEP: *in keeping with human rights obligations*] and addressing the specific health needs of [CAN ADD; RUS, AUS, HOLY SEE SUPPORT: *women,*] children, [EU ADD; AUS, SWI, HOLY SEE, RUS SUPPORT: *older persons*] [G77 ADD: *persons with disabilities including access to treatment*] [*NOR caution expanding list, stress ensure there is*

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para on children] and [~~HOLY SEE REPLACE: other groups more~~ those who are] vulnerable / G77: those at higher risk of acquiring and developing NCDs]to non-communicable diseases [EU ADD; NOR, SWISUPPORT; HOLY SEE more info: in collaboration with civil society and patient organisations] [NOR RESERVE][G77 ADD: and support, promote and stimulate breastfeeding];

[HOLY SEE PROPOSE NEW PARA:

Op6 bis Develop health-and nutrition-promoting environments, including through nutrition education, childcare centres, and other institutions, workplace hospitals, promote community based action, who are living with NCDs, enjoying the highest quality of health (Source: Global Plan of Action)

[EU PROPOSE NEW PARA:

OP6ter Addressing NCDs requires strengthening the capacity to monitor such diseases, the risk factors and determinant especially in lower middle income countries and including social data disaggregated by for example gender]

[G77 PROPOSE TWO NEW PARAS:

[OP6quat Promote access to affordable cancer diagnostic, treatment and care as well as vaccines that lower the risk for cancer, as part of the comprehensive approach to the prevention and control of cancer.

OP6quint. Promote the elimination of cervical cancer and increase access to cost-effective vaccinations that lower the risk for cancer of the cervix and work towards including these vaccinations into the national immunization schedules, as part of the comprehensive approach to the prevention and control of cancer of the cervix.]

OP7. [G77 ADD: Initiate and] Scale up efforts to use [EU ADD: high-quality, accessible and understandable] information and communications technologies, [NOR REPLACE; G77 SUPPORT: ~~including such as~~] e-health and m-health and other innovative solutions [NOR REPLACE: ~~as well as promote~~ *including promoting*/ G77 ALT; NOR OK: *through promotion of*] [EU ADD; NOR SUPPORT: meaningful and transparent] public-private partnership [NOR ADD; CAN SUPPORT: as appropriate] to accelerate [EU ADD: ambitious] action towards [EU ADD: health promotion and] the prevention and control of non-communicable diseases;

[NOR PROPOSE TO DELETE OP8 AND REPLACE WITH OP3bis, otherwise w/ below edits:

OP8. Scale up [NOR DELETE: ~~the~~] implementation of the [US ADD; NOR, G77 AGAINST: voluntary] commitments made in 2011 and 2014 to reduce tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity [NOR REPLACE; US, AUS KEEP: ~~taking into account, as appropriate, based on the WHO~~] [AUS ADD: WHO] [SWI ADD; US, G77 AGAINST: best buys and other recommended cost-effective] [US REPLACE: ~~recommended-evidence-based~~] [US ADD; G77

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AGAINST: and cost effective WHO recommended] interventions for the prevention and control of non-communicable diseases **[G77 ADD: as well as member states priorities];** **[NOR, G77, CAN AUS prefer “WHO” to “evidence-based” as per original text; SWI REVERT]**

[US PROPOSE NEW PARA; to work in small group:

OP8bis. [NOR DELETE: Increase global awareness, action and international cooperation] †To address the high number of premature deaths from NCDs attributed to human exposure to indoor and outdoor air pollution, based on new WHO data and analysis, and underscoring the particular importance of cross-sectoral cooperation in addressing these public health risks, including cooperation among WHO, UNEP, WMO, and other international partners.]

[NOR PROPOSE TO INCLUDE OP9 IN OP3TER w/ below edits:

OP9. Implement [EU ADD: knowledge], cost-effective, [EU ADD: knowledge,] and evidence based interventions to halt overweight and obesity, [NOR ADD: and] in particular, childhood obesity, [EU ADD: and to address undernutrition, where necessary] [G77 ADD: taking into account available methods to assess relevant interventions as well as] [NOR REPLACE; G77 DELETE: taking into account based on] WHO [US ADD; NOR, CAN, G77 AGAINST: evidence-based, cost effective] recommendations, [G77 ADD: and] national priorities, [US ADD: and international obligations]]

[NOR PROPOSE TO DELETE OP10 AND REPLACE WITH OP3bis, otherwise w/ below edits; AUS SUPPORT:

OP10. [NOR DELETE; US KEEP: Promote and] iImplement [US ADD; NOR, G77AGAINST: as appropriate, evidence based] policy, legislative, [US, NOR ADD: and] regulatory measures, [US REPLACE; G77 KEEP: *including fiscal mobilise resources*] / *including fiscal* [NOR ADD; SWI, G77 SUPPORT: *measures*] [G77 ADD: such as price and tax] [AUS ADD: ,]-[AUS, NOR KEEP: *as appropriate*], [NOR REPLACE: *aiming at minimizing to minimize*] the impact of [NOR ADD; EU SUPPORT: *the main*] risk factors [NOR ADD: for NCDs, and] , promote [G77 ADD: *better products and,*] healthy diets and lifestyles;]

OP11. Accelerate the implementation of WHO Framework Convention on Tobacco control by its States parties, [US REPLACE; SWI SUPPORT: *while calling for its universal ratification and encourage countries to consider becoming parties to the convention*] [EU ADD: *in line with target 3.a of the SDGs, then*] Continue to [EU ADD: *develop and*] implement [EU ADD: *comprehensive and cross sectoral*] tobacco control measures [EU DELETE; US SUPPORT: *without any tobacco industry interference,*] [EU ADD; US SUPPORT: *while protecting these measures from commercial and other vested interests of the tobacco industry in accordance with national laws*] taking into account the fundamental and irreconcilable conflict of interest between the tobacco industry and public health;]

[G77 PROPOSE ALT PARA:

OP11 ALT Accelerate the implementation of WHO Framework Convention on Tobacco Control (FCTC) by its States parties while continuing to implement tobacco control measures without any tobacco industry interference, and to encourage other countries to consider becoming parties to the Convention."]

[EU PROPOSE NEW PARA:

OP11 BIS. Ensure that implementation of the WHO global strategy to reduce the harmful use of alcohol strengthens the national efforts to protect at-risk populations, young people and those affected by harmful drinking of others, and to mobilise political will and financial resources for that purpose] (WHA Resolution 69.13)

[CAN PROPOSE NEW PARA:

OP11TER Incorporate environmental risk factors into plans, policies, and programs to better understand and prevent NCDs including research, data collection, public health communication, and training for health workers]

[G77 PROPOSE NEW PARA:

OP 11 QUAT. Promote safe environments and public spaces for physical activity, in consultation and cooperation with sectors of education, sports, transport, environment, urban and rural planning, taking into account individual, environmental and cultural determinants that directly affect the physical activity levels of the population]

[G77, NOR, AUS, SWI, JPN, AUS, MEX PREFER ORIGINAL:

[OP12. US REPLACE; G77 KEEP: Empower-Enable] the individual to make informed choices by providing [G77 REPLACE: the appropriate an enabling] environment, strengthen health literacy through formal [G77 ADD: and informal] education, implement mass [NOR ADD: and social] media campaigns that educate the public about the harms of smoking/tobacco use and second hand smoke, [NOR REPLACE: implement social marketing campaigns to and contain messages designed to/ / US ALT: implement social marketing public awareness campaigns] to reduce [US ADD: alcoholism and the excess and/or inappropriate consumption of alcohol] the [US ADD; SWI AGAINST: excess] intake of total fat, [US ADD: including] saturated [US ADD: and trans] fats, sugars and salt, and promote the [US ADD: increased] intake of [US ADD: healthful foods including] fruits and vegetables [NOR REPLACE: and implement mass media campaigns to as well as] support behavioral change of physical activity levels; [MEX ADD: and reduce sedentary behaviours] [EU RESERVE]

[US PREFERS ALT; NOR, AUS, SWI DELETE alt:

[OP12.ALT1 [US REPLACE: Empower-Encourage] the individual to make informed choices by [US REPLACE: providing the appropriate enabling health promoting] environments, [US EDIT: strengthening] health literacy through formal education, [US

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EDIT: implementing]** mass media campaigns that educate the public about the harms of **[US ADD: excessive alcohol consumption]** smoking/tobacco use and second hand smoke, **[US ADD: and excessive alcohol consumption;]** **[EU RESERVE]

[EU PROPOSE ALT

OP12ALT2. Empower the individual, including people with NCDs and patients, on one hand, to make informed choices, and to manage appropriately the treatment of their own conditions, through access to sound, reliable, and verified information, improved health literacy, through country and context specific measures, including through education, population-wide and targeted mass and social media campaigns, taking into account health inequalities and the need of people in high risk of NCDs, and on the other, increase access to healthy choices by developing physical activity, enabling safe and healthy built environments, avoiding tobacco use and second hand smoke, harmful use of alcohol, unhealthy diets and the excessive intake of fats, saturated fats, sugars and salt, and sedentary lifestyles, and by promoting healthy and balanced and sustainable diets, and regular physical activity]

[NOR, AUS, SWI DELETE:

OP12. alt bis Promote, with specific media campaigns, healthy and ~~[US DELETE: sustainable]~~— diets and **[MEX ADD: increased levels of] physical activity;]** **[EU RESERVE]**

[G77 ADD NEW PARA:

OP12bis Encourage the adoption of best practices to promote a holistic approach to health and wellbeing through the sustained practice of yoga, sports and regular physical activity among all members of the society to prevent and control NCDs including cardiovascular diseases, diabetes and their risk factors including obesity through healthy lifestyle choices, and the promotion of physical education (Based on A/RES/71/160 OP11 and A/RES/69/131)]

OP13. Strengthen and reorient health systems including **[US ADD: evidence-based; NOR prefer: WHO recommended]** services for the prevention and control of non-communicable diseases and mental health **[NOR, US ADD: conditions / CAN ALT: disorders]**, as part of **[NOR ADD: achieving] [US ADD: access to] [US RESERVE: universal health coverage]**, including **[AUS ADD: scaling up primary care services and]** access to safe, affordable, effective and quality essential medicines and technologies **[US ADD: while promoting and upholding robust IP systems;][JPN ADD: and reduction of health [US REPLACE: inequities disparities], including in the context of population ageing (Based on Montevideo roadmap 4)]**

[EU PROPOSE OP13 with amendments; CAN flex:

OP13.ALT1 Strengthen and reorient health systems towards the achievement of UHC, and high quality integrated and people-centered primary and specialised health ~~[US ADD: care]~~ services, focusing on people's needs, in accordance with their rights and responsibilities, including services for the prevention and control of NCDs and mental disorders, health as part of UHC including access to safe, affordable,

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effective and quality essential medicines [EU ADD: diagnostics] and [EU ADD: other] technologies, and understandable and high quality, patient friendly, information on their use.]

[G77 propose (Merger of OP13 and OP14 and reformulation):

OP13ALT2 Strengthen and reorient health systems towards the achievement of UHC and improvement of health outcomes, and high quality, integrated and people-centered primary and specialised health services, for the prevention, screening and control of NCDs and related mental health disorders and other mental health conditions, throughout the lifecycle, including palliative care, access to safe, affordable, effective and quality essential diagnostics, medicines and technologies, and understandable and high quality, patient friendly, information on their use, as well as health management information systems and an adequate and well trained/equipped health workforce;]

[EU PROPOSE NEW PARA:

OP13BIS. Promote access to increased access to affordable, safe, effective, and quality medicines and diagnostics and other technologies, including through the full use of the provisions of the trade-related aspects of intellectual property rights (TRIPS) flexibilities, while recognising the need to provide incentives to promote continued innovation to address NCDs]

OP14. Strengthen people-centred primary health [AUS DELETE; EU SUPPORT: care] services to ensure [US REPLACE: equitable coverage equal access to health care] throughout the lifecycle with an adequate and well-equipped health workforce so that preventive interventions can be provided for people at risk of [AUS ADD: noncommunicable] disease, and treatment and specialised care for people affected by a non-communicable disease; (R3 of the report of the HLC, P45(j) of 66/2)

OP15. Implement measures to improve mental health and well-being, [G77 ADD: including through] [SWI ADD: and strengthen the prevention of mental disorders] integrating [US ADD: evidence-based ; NOR prefer: WHO recommended] services and treatment for people living with mental [G77 ADD: disorders and other mental] health conditions [G77, US ADD: into] national responses for non-communicable diseases [SWI DELETE: and addressing their social-[G77 ADD: and economic] determinants and other health needs.] [G77 ADD: taking into account the human rights of people living with mental health disorders and other health conditions]

[EU PROPOSE ALT PARA; CAN PREFER ALT:

OP15ALT. Develop comprehensive and strategic and integrated services and treatments for people with mental disorders and other mental health conditions into national responses, for NCDs, address their other health needs, their wider inclusion and economic, social, and cultural rights, and prevent mental disorders and suicides, including by addressing the determinants of mental health and wellbeing]

[G77 PROPOSE NEW PARA:

OP15 bis. Pursue all necessary efforts to mobilize the full, active and responsible engagement and participation of all relevant stakeholders in the implementation of national responses to prevent, control and treat NCDS ;]

OP16. Promote meaningful civil society **[US ADD: and private sector]** engagement to **[US DELETE; NOR SUPPORT: *encourage governments to develop ambitious national responses for the prevention and control of non-communicable diseases*] / encourage governments to develop ambitious [AUS ADD; SWI SUPPORT: and appropriate] national responses for the [EU ADD: promotion of physical and mental health and wellbeing and] prevention and control of non-communicable diseases,** **[NOR ADD: and to contribute to their implementation]** forge multi-stakeholder partnerships , **[NOR ADD, flex; US AGAINST: where and as appropriate]** and alliances **[US ADD: including faith-based communities / HOLY SEE ALT: religious institutions or faith-based organisations, (Source: Para 28 of NCD GAP] [EU ADD: with key stakeholders]** that mobilize and share knowledge, provide services, **[NOR DELETE: carry out inclusive reviews of progress,]** and amplify the voices of people living with and affected by non-communicable diseases, **[US ADD: including youth]; (Co-Chairs Statement of WHO GCM/NCD Dialogue on the role of non-State actors) [EU RESERVE]**

[G77 PROPOSE OP16 reformulation; NOR SUPPORT:

OP16ALT –**Encourage meaningful, productive and effective** civil society engagement in the planning, implementation and monitoring of the national **multisectoral** responses for the prevention and control of non-communicable diseases, and forge multistakeholder partnerships and alliances that share knowledge, mobilise resources, provide services, and amplify the voices of **and raise awareness about** people living with and affected by non-communicable diseases;]

OP17. **[US REPLACE; EU KEEP: Engage Promote meaningful engagement] [EU ADD: where relevant] [NOR ADD: also]** with the private sector, **[EU ADD: to get an ambitious, meaningful and effective commitment and contribution to] [NOR ADD; AUS, CAN KEEP; US AGAINST: where and as appropriate] [EU MOVE: taking into account]** national health priorities and objectives **[EU DELETE: on how it can contribute to implementation of national NCD responses]** to reach SDG 3,4 **[NOR REPLACE; SWI SUPPORT; EU KEEP: as well as benefits and risks while giving due regards to [US ADD, NOR, CAN OK: managing] conflict of interest][EU RESERVE] [EU ADD: taking into account benefits and risks, including risk of conflict of interest and in compliance with national health priorities and objectives] [G77 RESERVE]**

OP18. **[NOR REPLACE: With a view in order]** to strengthening its contribution to non-communicable disease prevention and control, call upon the private sector, **[NOR DELETE: where appropriate,]** to:

[G77 PROPOSE ALT:

OP18ALT1. Call upon the private sector to strengthen their commitments and contributions to the implementation of national responses to prevent, control and treat NCDs to reach health and development objectives by:]

[NOR PROPOSE ALT:

OP18ALT2. Invite the private sector to strengthen their commitment and contribution to the implementation of national NCD responses to reach health and development objectives by:]

(a) **[NOR DELETE: Take measures to]** implement the World Health Organization **[US REPLACE: set of evidence based]** recommendations **[US REPLACE: to reduce the impact of on]** / **[SWI DELETE: the impact of]** the marketing **[SWI REPLACE; US AGAINST: of unhealthy foods and nonalcoholic beverages to children; pressure on children especially the marketing of energy dense micronutrient-poor foods and nonalcoholic sugar sweetened beverages]** while taking into account existing national legislation and policies;

[NOR PROPOSE ALT:

(a) Continuing to produce and promote food products consistent with a healthy diet, making further efforts to reformulating products in order to provide healthy and nutritious options, reducing the use of salt, sugar and fats, as well as providing appropriate information following relevant labelling standards, including information on sugars, salt and fats, and, where relevant, trans-fat content;]

(b) [G77 ADD and ALT: Scale up the *production and promotion*] [NOR REPLACE: Consider *produceing and promoteing*] more food products consistent with a healthy diet, [G77 ADD: making further efforts to] including by reformulating products to provide healthier options that are affordable and accessible [US ADD; G77 AGAINST: such as reduced sodium foods] and that follow relevant nutrition [US DELETE; G77 AGAINST: facts] and labelling standards, including information on sugars, salt and fats and, where appropriate, [US ADD: saturated and] trans-fat content;

[NOR PROPOSE ALT:

(b) Committing to further reduce exposure of and impact on children of marketing of foods high in fats, sugars and salt, and sugar-sweetened beverages, consistent with national legislation;]

(c) Promote and create an enabling environment for healthy behaviours among workers, including by establishing tobacco-free workplaces and safe and healthy working environments through occupational safety and health measures, including, where appropriate, through good corporate practices, workplace wellness programmes and health insurance plans;

[AUS ADD NEW OP18 SUBPARA; NOR SUPPORT:

(c)bis –encourage economic operators in the area of alcohol production and trade to consider ways in which they could contribute to reducing harmful use of alcohol in their core areas, as appropriate, [G77 ADD: and provide information on safe drinking practices] taking into account national religious, and cultural contexts]

[G77 ADD NEW OP18 SUBPARA:

(c)ter. Take concrete steps towards reducing and eliminating the marketing, advertising and sale of alcoholic products to minors]

(d) [US DELETE subpara] [NOR REPLACE: ~~Work towards reducing~~ Reduce] the use of salt, [NOR ADD: sugar , saturated fats and transfats] in the food industry in order to [NOR REPLACE: ~~lower sodium stimulate healthier~~ consumption patterns]; [SWI ADD: while [US REPLACE: ~~favouring making~~] salt supplemented with iodine [US ADD: available]]]

[NOR PROPOSE ALT:

(d) Contribute to further improve access to and affordability of medicines and technologies in the prevention and control on non-communicable diseases;]

[G77 ADD NEW OP18 SUBPARA:

(d) bis - Eliminate industrially produced transfats in foods.]

(e) [NOR DELETE: ~~Contribute to efforts to~~] improve access to and affordability of medicines [G77 ADD: including internationally controlled essential medicines] and [G77 ADD: medical] technologies [NOR REPLACE: ~~in for~~] the prevention and control [G77 ADD: and palliative care] of non-communicable diseases; [US ADD; G77 AGAINST: while promoting and upholding robust IP systems;] (para 44 of A/res/66/2)

[MEX ADD NEW OP18 SUBPARA; US AGAINST, ALT:

(f) to take measurements to implement evidence-based Front Packaging Labeling based on successful models] / [US ALT: ~~take measurements to implement~~ consider development and implementation of evidence-based packaging labeling that meets applicable regulatory requirements based on successful models]

[G77 ADD NEW OP18 SUBPARA:

(f)bis Contribute to healthy lifestyles by promoting sustainable consumption and production patterns, air quality, and sustainable, safe and accessible urban transportation.]

[CAN ADD NEW OP18 SUBPARA:

(g) consider implementing effective ways to prevent and reduce harmful use of alcohol (WHO GS on harmful use of Alcohol]

[EU PROPOSE TO DELETE OP18 and REPLACE w/ ALT:

Op18 ALT. Calls on the private sector to:

(a) develop new and innovative health conducive business practices and to take health considerations into account in advertising, in particular by implementing WHO recommendations in marketing to children, by reformulating food products that are affordable, accessible and safe, and consistent with healthy and sustainable diets in line with international and national dietary guidelines, including low salt content, as well as providing informative accurate labelling on the nutritional value and health relevant ingredients

(b) promote and create safe and healthy working environments, by implementing occupational safety and health measures, and enable promotion at the workplace, including by establishing tobacco free workplaces and facilitating physical activity, through good corporate practices, workplace wellness programmes and health insurance plans as appropriate]

[EU PROPOSE TWO NEW PARAS:

OP18bis. Encourage economic operators in the area of alcohol production and trade to take voluntary commitments under Corporate Social Responsibility (CSR) to reducing the harmful use of alcohol, as appropriate, taking in account national religious and cultural context, inter alia, by considering the labeling of alcoholic products to inform of risks associated with their use]

OP18ter. Call upon the pharmaceutical industry to contribute to efforts to improve access to and affordability of medicines, and technologies in the prevention and control of NCDs.]

[G77 PROPOSE NEW PARA:

OP 18 quat. Commit to urgently removing obstacles that limit the right to use, to the fullest extent, the provisions contained in the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), the Doha Declaration on the TRIPS Agreement and Public Health, the implementation of the amendment to article 31 of the TRIPS Agreement, the World Health Organization Global Strategy and Plan of Action on public health, innovation and intellectual property taking into consideration its internationally agreed follow-up processes; which provide flexibilities for the protection of public health, and in particular to promote access to medicines for all and encourage the provision of assistance to developing countries in this regard; (based on OP35 of A/RES/68/300)]

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OP19. Promote ~~[EU MOVE: *transparency and*]~~*accountability mechanisms* [EU MOVE: **and transparency**] / [NOR ADD: **establish**] [US DELETE or REPLACE: *and accountability reporting*] *mechanisms* for the prevention and control of NCDs and promoting mental health and well-being, [EU REPLACE: ~~taking into account, using,~~] as appropriate, [EU DELETE: ~~national~~] health impact assessments, [NOR DELETE; EU KEEP: ~~as part of government effort to lead the development and implementation of effective interventions for addressing non-communicable diseases;~~] [EU ADD: **especially among vulnerable and disadvantaged population groups, paying particular attention to the reduction of health inequalities**] [RUS RESERVE] [US PREFER ORIGINAL OP19]

[G77 PROPOSE ALT; HOLY SEE SUPPORT:

Op19alt1. **Establish transparent national accountability mechanisms in the prevention and control of non-communicable diseases, taking into account government's efforts in developing, implementing and monitoring national responses for addressing non-communicable diseases" and existing global accountability mechanisms;**

[NOR also PROPOSE ALT edits for original OP19; US PREFER ORIGINAL:

OP19alt2. Promote transparency and [NOR ADD: **establish**] [US ADD: **national**] accountability mechanisms for the prevention and control of NCDs and promoting mental health and well-being, taking into account, as appropriate, national health impact assessments, as part of government efforts to [NOR DELETE: ~~lead the development and implement[e]ation of~~] effective interventions for addressing non-communicable diseases;]

[SWI PROPOSE ALT; US PREFER ORIGINAL:

OP19alt3. **Promote transparency, participation, policy capacity and organizational integrity and the introduction of robust [US REPLACE: *accountability evaluation*] mechanisms for the prevention and control of NCDs, including a monitoring and evaluation framework to monitor [US REPLACE: ~~progress on the implementation the effectiveness~~] of NCD policies and action plans at country level [US ADD: *and update plans as needed to achieve outcomes*] .]**

OP20. [G77 REPLACE: ~~Enhance the provision and allocation~~ **Commit to mobilize and allocate**] of adequate, predictable and sustained resources [G77 ADD: **including financial**] for national responses to prevent and control non-communicable diseases. [G77 ADD: **including the provision of palliative care services**] and promote mental health and well-being, [G77 ADD: **to close the funding gap by 2025 taking into account national priorities, legislation and capacities,**] through domestic, bilateral, and multilateral [EU ADD; CAN DELETE OR MOVE; G77 AGAINST: **and private sector**] channels, including [G77 ADD: **increased ODA and**] international cooperation [G77 DELETE: ~~and Official Development Assistance,~~] and continue exploring voluntary innovative financing mechanisms and partnerships [G77 ADD: **including with**

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the private sector] [NOR ADD: as appropriate] to advance action at all levels; (P32 of 68/300 and P45(d) of 66/2)

[G77 PROPOSE NEW PARA:

OP20pre bis. Reiterate that the fulfilment of all ODA commitments remains crucial, including the commitment by many developed countries to achieve the 0.7 per cent of ODA/GNI and 0.15 to 0.20 per cent of ODA/GNI to least developed countries, and urge governments to step up efforts to increase ODA for NCDs as a crucial source of catalytic funding;]

[CAN PROPOSE NEW PARA; AUS, ICE SUPPORT:

OP20bis. Cooperate with international agencies to include gender-sensitive noncommunicable treatment as part of global responses to humanitarian [G77 REPLACE: ~~crises due to conflict~~ *emergencies*] and natural disasters]

[G77 PROPOSE NEW PARA:

OP20 ter. Strengthen the design and implementation of policies, including for resilient health systems and healthcare services and infrastructure to prevent, control and treat people living with NCDs and their risk factors before, during and after natural disasters.]

OP21. Call on WHO to continue to exercise its leadership as the directing and coordinating authority on international health in order to contribute to Member States efforts to prevent and control non-communicable diseases by **[NOR REPLACE: ~~strengthening~~ continuing]** its **[US ADD: transparent, science-based and [NOR, CAN AGAINST: *inclusive*]] [NOR ALT: *according to established WHO procedures*]** normative and standard setting **[NOR REPLACE: ~~role~~ work]** and its capacity to develop and provide technical **[G77 ADD: cooperation,]** assistance and policy advice to Member States, **[US ADD; NOR, AUS AGAINST: upon request]** as well as enhance its multi-stakeholder engagement and dialogue **[EU ADD; NOR SUPPORT: also in line with the WHO Framework with Engagement with non-state Actors (FENSA) and in consultation with Member States]** through platforms such as the **[CAN ADD: Codex Alimentarius Commission] [CAN RESERVE: *WHO Global Coordination Mechanism for the Prevention and Control of Non-communicable Diseases*]** and the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases; **[G77 ORIGINAL LANGUAGE]**

OP22. Call further on WHO to continue to **[NOR REPLACE; G77 OK: ~~work towards promoting and monitoring~~ promote and monitor]** enhanced global action to prevent and control NCDs through coordinating work with other United Nations agencies, development banks and other regional and international organizations, **[US ADD; G77 AGAINST: in line with their respective mandates]** including by exploring new financing, implementation, monitoring and **[US REPLACE; SWI, G77 AGAINST: accountability evaluation]** mechanisms;

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OP23. To implement these actions, we commit to act in unity to create [SWI REPLACE; G77 flex: a just an equitable] and prosperous world where all people can [US DELETE; G77 OK: exercise their rights and] live healthy lives in a world free of the avoidable burden of NCDs. [G77 KEEP ORIGINAL TEXT]

OP24. We request the Secretary-General, in collaboration with Member States, the World Health Organization and relevant funds, [SWI ADD: and] programmes and specialized agencies of the United Nations system, to submit to the General Assembly, by the end of 2024, for consideration by Member States, a report on the progress achieved in the implementation of the present political declaration, in preparation for a [NOR REPLACE: comprehensive review, a fourth High Level meeting] in 2025, of the progress achieved in the prevention and control of non-communicable diseases and promotion of mental [EU ADD: and physical] health and well-being. [G77 RESERVE]

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