

PREVENTING AND CONTROLLING NON-COMMUNICABLE DISEASES

The 2030 Agenda for Sustainable Development includes targets to prevent and control non-communicable diseases (NCDs) such as cancer, cardiovascular disease, diabetes and chronic respiratory disease. As with HIV and other complex health and development challenges, addressing NCDs requires significant action beyond the health sector, especially to address the root social, economic, environmental and political factors that contribute to and shape NCD burdens. UNDP, in cooperation with the World Health Organization (WHO), the Secretariat of the WHO Framework Convention on Tobacco Control (WHO FCTC Convention Secretariat) and other partners, supports governments in all regions to implement or strengthen whole-of-government NCD responses. These efforts leverage UNDP's core competencies in areas that intersect with NCDs, including access to affordable basic services, poverty and inequity reduction, gender, environment, governance and peacebuilding, sustainable financing, and south-south and triangular cooperation. UNDP's work on NCDs promotes effective and inclusive governance for health, as articulated in the HIV, Health and Development Strategy, *Connecting the Dots: 2016-2021*. It contributes to UNDP's vision of eradicating poverty and reducing inequalities and exclusion.

This Issue Brief describes why scaled up action on NCDs is integral for sustainable development. It presents UNDP's ongoing global and regional work with partners on NCDs, and outlines opportunities for UNDP to help strengthen NCD responses at different levels in the context of supporting countries to mainstream and implement Agenda 2030.

¹ Of the 55.8 million deaths globally in 2015, 39.8 million (over 70 percent) were attributable to NCDs [1].

The UNDP advantage

- UNDP is the UN's leading agency on governance and sustainable development, and can foster coordination beyond the health sector to act on the social, economic, environmental and political factors that determine health and its distribution.
- UNDP has extensive expertise in implementing large health programmes. In partnership with the Global Fund to Fight AIDS, TB and Malaria, UNDP provides implementation support services for health programmes, as well as strengthening financial and risk management, procurement systems for health commodities, monitoring and evaluation, support for civil society engagement and additional resource mobilisation.
- UNDP is the custodian of the UN Resident Coordinator system, which promotes in-country coordination. It has helped to more than double the number of countries whose UN Development Assistance Frameworks prioritize NCDs over the last two years.
- UNDP has developed a core team of global, regional and country staff to help countries address the growing challenge posed by NCDs.

Background

NCDs are the single greatest cause of preventable illness, disability and mortality worldwide, with large impacts on productive capacity. They account for more death and disease than all other causes combined.¹ NCDs are not confined to wealthier nations. Nearly 75 percent of NCD deaths – and 82 percent of premature NCD deaths (i.e. those occurring before the age of 70) – occur in low- and middle-income countries (LMICs) [2]. LMICs often have lower capacities to respond and must contend simultaneously with ongoing communicable disease

burdens, including from HIV, tuberculosis (TB), malaria and water-borne diseases. Infectious diseases and NCDs are not separate challenges. They share behavioural risk factors as well as social, economic and environmental determinants. They also interact biologically in ways that increase susceptibility to disease and lead to poorer health outcomes. For example, tobacco use – a main behavioural risk factor for NCDs – increases the risk of latent TB, active TB, and TB recurrence after successful treatment [see 3-4]. Globally, up to one in five deaths from TB would be avoided if people did not smoke [5]. Integrated rather than disease-specific responses are needed, both within and outside the health sector.

NCDs and development

As a development agency, UNDP is committed to addressing NCDs because they impose several interrelated social and economic costs. Lost productivity due to illness, disability or death can impede macroeconomic growth and shift public resources from other important health and development objectives. For LMICs, the economic costs from NCDs are projected to exceed US\$ 20 trillion between 2010 and 2030 [6]. Likewise, NCDs place an enormous and growing burden on health systems, jeopardizing universal health coverage ambitions. In 2015, diabetes alone cost health systems upwards of US\$ 673 billion, or 12 percent of global health care costs [7]. The costs to individuals, families and communities are also high. In the absence of effective and affordable health care and social protection, households can accumulate debt and/or liquidate income-generating assets to pay for medical care, or can be forced to forgo care entirely. Meanwhile, productivity losses from a sick, disabled or deceased family member impair the ability of a household to generate income, increasing the risk or severity of poverty and food insecurity. Children may drop out of school to care for a sick family member or to find work. Caregivers, often women and girls, may suffer from stress, further compounding family difficulties and increasing vulnerabilities [8-10]. Together, the multidimensional costs of NCDs can hamper progress across the [2030 Agenda for Sustainable Development](#) (see Annex: NCDs and the SDGs) [11].

The drivers of NCDs are also developmental in nature. Processes such as aging, rapid unplanned urbanization and

changing consumption patterns contribute to rising NCD burdens globally. In parallel, underlying social exclusion, marginalization and discrimination create conditions that increase vulnerability to risk behaviours for NCDs and reduce access to services, resulting in some populations experiencing NCDs at younger ages and enduring worse outcomes [see 12]. Inequities across different dimensions; gender, age, ethnicity, socioeconomic status and educational attainment, shape exposure to the social, economic and environmental determinants of health and NCDs.

The 2030 Agenda for Sustainable Development recognizes NCDs as a barrier. Goal 3 of the Sustainable Development Goals (SDGs) includes two NCD-specific targets, and several others that are NCD-related.²

NCDs in SDG 3

'Ensure healthy lives and promote well-being for all at all ages'

Target 3.3	By 2030, end the epidemics of HIV, TB and malaria ³
Target 3.4	By 2030, reduce by one third premature mortality from NCDs and promote mental health and well-being
Target 3.5	Strengthen the prevention and treatment of substance abuse, including harmful use of alcohol
Target 3.6	By 2020, halve the number of global deaths and injuries from road traffic accidents
Target 3.8	Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
Target 3.9	By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
Target 3.a	Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
Target 3.b	Support the research and development of vaccines and medicines for the...NCDs that primarily affect developing countries

² To accelerate action on NCDs, a May 2016 ECOSOC resolution (E/2016/L.16) expanded the scope of the UN Inter-Agency Task Force on NCDs to include all NCD-related targets within the 2030 Agenda for Sustainable Development [see 15]. The wide-ranging resolution moves the work of the Task Force beyond its previous mandate that addressed only the four main behavioural risk factors and the four main NCDs (i.e. the '4 X 4' model of NCD

prevention and control) to also include work on road traffic accidents, universal health coverage, vaccines, air pollution, mental health and access to medicines.

³ NCDs are interconnected with HIV, TB and malaria, in terms of shared risk behaviours (e.g. smoking), overlapping social, economic and environmental determinants (SEEDs) and biological interactions.

financing, governance structures and reducing tobacco industry interference in policymaking.

UNDP, in its response to NCDs, works with the Noncommunicable Diseases and Mental Health Cluster of WHO, the Convention Secretariat of the WHO FCTC and other partners. This work centres on three mutually reinforcing areas: (1) implementation of the 2011 Political Declaration on NCDs [16]; (2) implementation of the WHO FCTC [14]; and (3) building policy and programme capacities to act on the social determinants of NCDs. These efforts advance UNDP's work on promoting effective and inclusive governance for health, as articulated in its [HIV, Health and Development Strategy Note 2016-2021](#) [23]. They align with [UNDP's Strategic Plan 2014-2017](#) [24] and its [Global Programme 2014-2017](#) [25].⁶

Global policy and programme work

UNDP and WHO have developed a [Global Joint UN Programme on Activating National Responses to NCDs](#) [26]. This Joint Programme, **NCD 2030 – Action beyond health**, is supporting effective national multisectoral action to achieve the NCD-related targets in the SDGs and other global commitments. Over three years the programme will focus on five mutually-reinforcing areas in 24 LMICs: (1) national investment cases for action on NCDs; (2) national coordinating mechanisms for NCDs; (3) strengthened municipal action on NCDs; (4) integration of NCDs into broader national SDG frameworks; and (5) improving the WHO Progress Monitoring 2015 scores [see 27]. The overall objective is to support countries in fulfilling their national commitments to implement health-in-all-policies, whole-of-government and whole-of-society approaches to prevent and control NCDs. The Joint Programme is a strong example of how the core competencies of the UN health and governance agencies, WHO and UNDP, can be combined to address NCDs and their risk factors.

UNDP participates in **country missions of the UN Inter-Agency Task Force on NCDs** that aim to support governments to implement multisectoral responses, and

⁶ UNDP's Strategic Plan 2014-2017 emphasizes: strengthening institutions and sectors to progressively deliver universal access to basic services; the importance of social, economic and environmental co-benefit analysis and planning; inclusive social protection; whole-of-government and whole-of-society initiatives; and addressing inequalities. The Global Programme 2014-2017 states: UNDP will continue to analyse the social determinants of health as a cause that fosters or impedes human development, integrating the fight against discrimination into a larger strategy for effective and democratic governance and reduction of vulnerability.

strengthen a coordinated UN System response to national NCD prevention and control priorities. As at November 2016, UNDP has participated in missions to Barbados, Belarus, DRC, India, Jordan, Kenya, Kyrgyzstan, Mongolia, Mozambique, Paraguay, Oman, Sri Lanka, Tonga, Turkey and Viet Nam. The missions are yielding results. For example, following the UNDP and WHO-led mission of the NCDs Task Force to Barbados, the government imposed a 10 percent tax increase on sugary drinks and a National Childhood Obesity Strategy was submitted for Cabinet approval. Along with sister UN agencies, UNDP is also supporting numerous countries across all regions to implement the WHO FCTC. **Task Force missions and FCTC needs assessment missions are combined when appropriate.**

UNDP supports countries to establish NCDs and tobacco control as development priorities, including within their national planning instruments and the corresponding United Nations Development Assistance Frameworks (UNDAFs). The UNDP Administrator and the WHO Director-General have issued two joint letters to the UN system in furtherance of this integration (in [2012](#) and in [2014](#)). The World Health Assembly approved a target to double the number of countries with NCDs integrated⁷ into UNDAFs by the end of 2015 (from 2012-2013 baseline figures). The number increased from 15 to 35, exceeding the target. UNDP and WHO have developed a [Guidance Note](#) [28] to guide UN Country Teams and government counterparts on how to **integrate NCDs and their risk factors and social determinants into the UNDAF design process**. UNDP has also published a similar discussion paper with the Convention Secretariat on [Integrating the WHO FCTC into UN and National Planning Instruments](#) [29].

In 2014, FCTC Conference of the Parties (COP) [Decision FCTC/COP6\(17\)](#) [30] invited UNDP, with partners, to **assess the economic impact of tobacco use, cost the implementation of the WHO FCTC, and support the development of functional national multisectoral coordination mechanisms** in line with Article 5.2(a).⁸ UNDP is carrying out this work in multiple regions (see UNDP's regional NCD workstreams below).

⁷ 'Integration' means that NCDs are referred as part of the Results Matrix.

⁸ Article 5.2a states: "Towards this end, each Party shall, in accordance with its capabilities: establish or reinforce and finance a national coordinating mechanism or focal points for tobacco control."

With strengthened WHO FCTC implementation included in the SDGs as target 3.a, and with the interconnections between tobacco and sustainable development increasingly recognized, UNDP and the Convention Secretariat are scaling up joint support to LMICs to implement the treaty to advance health and the SDGs. This enhanced support will be delivered through a new global programme, **FCTC 2030 – Strengthening WHO FCTC implementation to achieve the SDGs**. The project aims to help countries set national priorities, scale-up effective investments, strengthen policy coherence, and develop institutional capacities for whole-of-government tobacco control efforts. The project will be delivered with generous development funding from the United Kingdom.

UNDP supports **south-south and triangular cooperation (SSTrC) in furtherance of WHO FCTC implementation**, helping Parties to learn from the experiences of other Parties that are confronting similar challenges. In September 2015, UNDP and the Convention Secretariat convened 23 Parties in Uruguay to chart out how they can apply south-south and triangular cooperation to accelerate tobacco control. The meeting resulted in 8 south-south project proposals in line with [Decision FCTC/COP4\(19\)](#) [31] (which calls for the promotion of south-south cooperation for WHO FCTC implementation) and with the treaty itself.⁹ In May 2016, UNDP and the Convention Secretariat hosted a webinar on south-south and triangular cooperation for tobacco control governance. During the webinar, Brazil, Iran and Moldova shared successes and challenges. In October 2016, UNDP and the Convention Secretariat hosted a solutions exchange forum on tobacco control at the [2016 Global South-South Development \(GSSD\) Expo in Dubai](#). There, representatives from Brazil, Malaysia and Uruguay examined the potential to scale up initial SSTrC for tobacco control work, to advance health, health equity and sustainable development more broadly.

To **promote action across sectors for health and health equity**, UNDP and WHO released in June 2016 a [set of four policy briefs](#) on how different aspects of health promotion – namely healthy cities, action across sectors, social mobilization, and health literacy – advance SDG implementation and vice versa [32].¹⁰ To **advance multisectoral action for NCDs**, UNDP and WHO produced in September 2016 a set of briefs on [“What Government Ministries Need to Know about Non-communicable Diseases”](#) [33]. The briefs provide policy and decision makers across government with information on how NCDs

impact their sector, and the proactive steps they can take to respond to the challenges while advancing their own objectives and accountabilities.

Regional policy and programme work

Africa

With respect to Article 5.2(a) of the WHO FCTC, UNDP has completed an examination of **national coordination mechanisms and focal points for tobacco control** across sub-Saharan Africa. The joint UNDP and the Convention Secretariat 2016 [Discussion Paper on Tobacco Control Governance in sub-Saharan Africa](#) [35] provides Parties with recommendations to establish and maintain effective tobacco control focal points and national coordination mechanisms.

Since 2013, UNDP and WHO have co-convened a global initiative to **integrate national policy frameworks on the harmful use of alcohol, gender-based violence and HIV**. The effort began with a regional conference for Eastern Europe and UNDP and WHO have now organized two regional consultations in East and Southern Africa on needed policy reform to integrate their policies on the three issues. As of April 2016, 20 countries have been trained with good progress. Seventeen countries are now implementing their national roadmaps, at least five national alcohol policies have been amended or adopted, five countries are integrating activities to address the harmful use of alcohol into Global Fund programmes, and several countries are in the process of establishing functioning coordinating mechanisms on the three issues. Meanwhile, the UN is initiating work to protect public health policies from undue external interference. One recurring theme that emerged from nearly all countries was that although there is a widespread appetite for effective national alcohol strategies, the strategies remain – often for years – at the draft stage.

In Uganda, UNDP is addressing NCD behavioural risk factors. It has committed funds to **establish student health clubs** in three universities: Makerere, Mukono and Kampala University. Establishment of the health clubs was based on a micro-study showing that university students in Uganda were not knowledgeable about NCDs, and many smoke (mainly shisha) and drink alcohol, with numbers increasing. Further, UNDP Uganda has **engaged parliamentarians in symposia to advocate for the passing of the Tobacco**

⁹ Article 5.2(b) of the Convention, for example, calls in part for countries to cooperate with other Parties in developing appropriate policies for preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke.

¹⁰ The policy briefs will feed into the 9th Global Conference on Health Promotion, Shanghai 2016.

Control Bill; the bill passed in mid-2015. UNDP Uganda has also supported the Center for Health Human Rights and Development (CEHURD) to **sensitize the media about NCDs**. The number of articles on NCDs has increased as a result, drawing the attention of development partners to prioritize NCDs. UNDP is also supporting the expert analysis of results of the national STEPS survey, the recommended surveillance tool for chronic diseases and their risk factors.

As a result of the UNIATF's NCD joint programming mission to Mozambique in November 2015, the UN Country Team has **supported Parliament and development partners to encourage ratification of the WHO FCTC as soon as possible**. On 7 November 2016, Mozambique announced that it would become the 181st Party to the Convention.

UNDP, with the African Development Bank (AfDB) and the African Union Commission (AUC), is **building the capacity of environmental management authorities, environmental and social impact assessment (ESIA) practitioners, and politicians to balance the environmental and social impacts of capital projects, including those related to NCDs**, occupational health and migration health. This work follows a regional technical meeting on Health, Gender and Capital Projects in Pretoria in 2015, at which representatives of 18 African countries as well as representatives from the Southern African Development Community secretariat and the East Africa Commission recommended that the capacity building component of the ongoing Health and Gender Sensitive ESIA project be broadened. UNDP, the African Development Bank and the Africa Union Commission have initiated a process of updating the existing guidelines on integrating HIV and gender issues into environmental impact assessments (EIAs) in eastern and southern Africa (which has been used to train over 800 EIA experts from government and the private sector) to include NCDs as part of the next phase of the regional project which will cover at least 30 countries by 2020.

Arab States

UNDP has participated in a number of UNIATF and FCTC missions in the Arab States. UNDP is also working closely with civil society organisations (CSOs) to mobilize and build social capital for the prevention and control of NCDs. This entails **strengthening the capacity of CSOs to: advocate for multisectoral NCD action planning; support community mobilization efforts; and assume a watchdog role of implementation of policies and legislation**. UNDP participated in the first regional CSO partnership meeting, which was co-organized by the Global NCD Alliance and WHO Regional Office for the Eastern Mediterranean. Fifteen countries participated, and regional priorities were

identified. UNDP's engagement with CSOs on NCD prevention and control in Arab States builds upon its previous work in supporting CSO engagement in the regional HIV response.

Asia Pacific

In line with FCTC COP Decision FCTC/COP6(17), UNDP and WHO conducted a tobacco-specific investment case in China, which provides an analysis of the health, social and economic costs and impacts of tobacco use and tobacco policies. The study examines the impact of tobacco use on development, focusing on the burden tobacco represents for the poorest and most vulnerable. It identifies the policies needed to avert costs and reduce poverty and inequity created by tobacco use, in order to achieve health, social and economic benefits (due to be launched in early 2017).

An **MDG Acceleration Framework (MAF) on NCDs** was completed in Tonga, with UNDP support. The MAF looks closely at links between NCDs, poverty and gender. A joint UNDP-WHO mission took place in January 2015 at the request of Tongan Government to further support these efforts by identifying gaps and ways to scale up intersectoral action.

In the South Pacific, UNDP and WHO have supported an **assessment of the impact of trade agreements on chronic diseases and their risk factors**. Health and trade officials came together to identify strategies that align trade agreements with public health needs. Encouraged by this process as well as the implementation of the MAF, Tonga raised its excise rates on carbonated drinks and tobacco in 2013.

WHO and UNDP jointly supported the Fiji Ministry of Health and Fiji Medical Association to undertake a **national consultation on NCDs and the Law** (July 2014). The consultation identified key priority action areas to further the legal and regulatory policy response to NCDs in Fiji. Follow-up work is being planned with parliamentarians (specific resources development and training) and civil society organizations (consumer council).

The **UN Theme Group on NCDs for the Pacific** is chaired by the UN Resident Coordinator in Fiji. The Pacific Theme Group has undertaken a UN wide mapping of projects with current and potential entry points for NCD work.

UNDP is partnering with the Secretariat of the Pacific Community, WHO, the World Bank and others (PSIDS, PIFS, NCD Alliance, AusAid and NZAID) in the newly formed **Pacific Partnership for Multi-Stakeholder Approaches to**

Prevent and Control NCDs. The objective of the partnership is to significantly progress the prevention and control of NCDs in Pacific Island Countries with comprehensive, structural and sustainable interventions. Four initial target areas include: (1) tobacco control (Tobacco-free Pacific by 2025); (2) reduce the consumption of unhealthy foods and drinks; (3) improve efficiency of existing health expenditure; and (4) strengthen the evidence base to ensure resources are used well.

Also in the Pacific, UNDP is working with WHO and the Inter-Parliamentary Union to develop a **Handbook for Parliamentarians on NCDs**. The Handbook will define the scope of the NCD epidemic and identify the role for parliamentarians in NCD advocacy and in ensuring NCD-sensitive legal environments.

Addressing NCDs as they pertain to persons with disabilities, particularly through improved care, accessibility and support, is a critical part of the NCD response.¹¹ NCDs increase the risk and incidence of disabilities such as blindness from diabetes and paralysis from stroke. As such, UNDP has leveraged its HIV and health portfolio to address disability issues as part of its broader NCD response, and in line with the NCD Political Declaration. In Myanmar, UNDP incorporated disability as well as NCD questionnaires into a nation-wide study on the socioeconomic impact of HIV. In Cambodia, UNDP has advocated for inclusion of persons with disabilities as well as NCDs through its work to advance social protection for people affected by HIV. UNDP has leveraged work on HIV-sensitive social protection to promote the inclusion of disability- and NCD-sensitive criteria in a pilot national survey instrument to determine the eligibility of households for various social protection schemes including health coverage. At the regional level, in partnership with the World Blind Union Asia-Pacific, UNDP published a [report](#) to support the ratification of the Marrakesh Treaty,¹² designed to improve access to knowledge among persons with print disabilities such as blind people and people with vision, physical, or cognitive impairments.

UNDP has also examined key lessons from successful HIV governance in Asia and the Pacific and how they may apply to the NCD response. UNDP's work on intellectual property rights and access to affordable medicines in the region, which used to focus largely on HIV medicines,

increasingly addresses NCD medicines and has engaged civil society organizations of people living with NCDs such as cancer. As part of the UN Regional Thematic Working Group on Hunger and Poverty in Asia and the Pacific, UNDP contributed to a case study "Tobacco Control: A Case Study on Poverty Reduction and Improving Achievement in other MDGs," framing tobacco control from a poverty reduction angle. UNDP also collaborates with the Secretariat of the Association of Southeast Asian Nations (ASEAN), the Southeast Asia Tobacco Control Alliance, and WHO to help strengthen NCD responses among its member states within the context of the SDGs.

With the Global Environment Facility, UNDP and WHO are developing work to **enhance the capacity of national and local health systems, institutions, personnel, and communities to manage and mitigate climate-related health risks, including NCDs**. Central to this work, under development in Asia for 6 least developed countries, is supporting greater coordination across ministries and departments on climate change and health issues.

In Vietnam, UNDP and the Ministry of Natural Resources and Environment implement initiatives funded by the Global Environment Facility to manage harmful chemicals and reduce their impact on environmental and human health, including preventing NCDs.

In April 2015, the Global Fund [approved a framework for financing interventions that respond to co-infections or co-morbidities that can exacerbate HIV, TB or malaria](#), recognizing the relevance of NCD prevention and control to its core programming objectives [36]. In line with the framework, a multi-country Global Fund programme in the Pacific managed by UNDP is helping to ensure that national tuberculosis guidelines include elements of the [Collaborative Framework for Care and Control of Tuberculosis and Diabetes](#) [37]. In Kiribati, Tonga and Vanuatu, the programme is supporting health ministries to: detect and manage diabetes in patients with TB; detect and manage TB in patients with diabetes; and evaluate the impacts from the intervention.

NCD investment cases and ICAs have been carried out in Fiji and Mongolia. These have outlined the economic benefits of strengthening national NCD responses, assessed the institutional and governance contexts influencing

¹¹ For example, this work can help people disabled by diabetes to manage their condition, and prevent future complications and premature death. People with jobs might have access to better health insurance and be more able to afford out-of-pocket fees. Disability-sensitive transport likely aids in accessing health services and in developing community networks of support.

¹² The Marrakesh Treaty to Facilitate Access to Published Works for Persons Who Are Blind, Visually Impaired or Otherwise Print Disabled, was adopted in June 2013 and entered into force on 30 September, 2016.

responses to NCDs, and provided recommendations for priority actions to prevent and control NCDs. In Mongolia, the process also benefitted from support through the UNDP Global Programme on Anti-Corruption for Development Effectiveness, and identified important opportunities to create synergies between action on NCDs and on air pollution in the context of urban settings. Final results from these exercises are due to be released in early 2017.

Eastern Europe and Central Asia

UNDP is a member of the regional joint UN Agency Theme Group on NCDs and the Social, Environmental and Economic Determinants of Health (SEEDs) (coordinated by WHO Europe and bringing together representatives from WHO, UNICEF, UNFPA, UNDP, UNECE and ILO), reporting to the Regional Directors' Committee. The UN Regional Directors identified NCDs and SEEDs as the first topic for an issue-based coalition on the operationalization of the SDGs, reinforcing NCDs as an important cross-cutting issue that requires the involvement of several UN entities and other stakeholders.

UNDP participated in **joint FCTC needs assessment missions** to Georgia, Belarus and Lebanon as well as **joint UN interagency NCD prevention and control missions** to Belarus, Jordan, Kyrgyzstan, Turkey and Oman. UNDP has provided assistance to the UNCT in Belarus as follow-up support to implementing the joint NCDs assessment findings and recommendations. It also contributed to the development of the EU-funded UNCT project "Preventing non-communicable diseases, promoting healthy lifestyle and support to modernization of the health system in Belarus (BELMED)." The project is implemented by UNDP with UNICEF, UNFPA and WHO.

UNDP has developed a UN Checklist and assessment tool of the multi-sectoral legal, regulatory and policy framework for NCDs to be applied in future UN joint NCD assessment missions.

In efforts to maximize the co-benefits of health and development, UNDP has launched a Phase 2 pilot project (in Belarus) on the **routine integration of SEEDs of health equity into UNDP country programming during project planning and implementation stages**. In collaboration with the Institute of Health Equity, University College of London (UCL), UNDP has developed an **easy-to-use draft screening tool** enabling UNDP project managers to identify SEEDs of

health and dimensions of inequity in their projects (Phase 1 [Report and Briefing note](#) – Addressing social, economic and environmental determinants of health and the health divide in the context of sustainable human development).

UNDP has provided strategic guidance to UNCTs in the region with the integration of NCDs and health equity in new Common Country Assessment-UNDAF development processes (in collaboration with WHO Europe). UNDP supported 11 countries¹³ and 1 territory (Kosovo)¹⁴ with all of CCA-UNDAF documents highlighting NCD prevention and control as a priority development issue.

NCD investment cases and ICAs have been carried out in Belarus and Kyrgyzstan. Final results from these exercises are yet to be released.

Latin America and the Caribbean

In Argentina, **UNDP is supporting the administration of a US\$ 350m World Bank loan** on "Protecting vulnerable people against NCDs." Greater engagement between the UN System and the multilateral development banks can enhance NCD responses. UNDP has extensive expertise in managing large loans, especially through its Global Fund partnership (see Opportunities).

An NCD investment case has been developed in Barbados, revealing that the country is losing 2.6 percent of its GDP per year to healthcare costs and productivity losses from diabetes and cardiovascular diseases alone [34]. The investment case used an **NCD institutional and context assessment**, developed by UNDP, to assess where the most cost-effective NCD interventions intersect with political opportunity.

UNDP has participated in **FCTC needs assessment missions** to El Salvador, Bolivia and Costa Rica. These missions resulted in strong recommendations around areas such as multisectoral governance, tobacco taxation, protecting against industry interference, strengthening evidence on tobacco and vulnerable populations, and reducing the illicit trade in tobacco products. Costa Rica, for example, has progressed toward adoption of the Protocol on the Elimination of the Illicit Trade of Tobacco, with final Parliamentary approval expected.

From May to December of 2013, UNDP and PAHO worked with the government of Suriname to **sensitize Parliamentarians and the general public to NCDs**, their risk

¹³ Armenia, Azerbaijan, Belarus, FYR of Macedonia, Georgia, Kazakhstan, Serbia, Tajikistan, Turkey, Turkmenistan, and Uzbekistan.

¹⁴This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.

factors and the importance of adopting healthier behaviours. Briefing and educational sessions were conducted, focusing on: the dangers of tobacco use; intersections between NCDs, vulnerability and inequity; and proven prevention approaches. Parliamentarians recorded [outreach messages](#) on key behavioural changes to address NCDs, such as increasing physical activity. In June 2013, Suriname passed strong anti-tobacco legislation that includes a ban on all tobacco advertising, promotion and sponsorship as well as a ban on smoking in all indoor public places, outdoor grounds of educational and childcare facilities and on public transport. More broadly, sensitizing Parliamentarians to NCDs is a crucial step in the NCD-sensitization of interventions in sectors such as trade, commerce, environment, education, public infrastructure and social affairs.

UNDP is supporting two cities in Colombia – Montería and Florencia – in the **development and implementation of multisectoral NCD responses, within broader efforts to localize the SDGs**. In 2015, UNDP supported municipal-level assessments in each city on: the NCD response; the institutional capacity to respond; and the geographical, social and economic factors associated with NCDs. Action plans were developed for each city based on findings, highlighting the importance of integrating NCDs into local development plans. Further, NCDs were included within on-line training for local level public officers (*funcionarios locales*) on the SDGs and the importance of including the SDGs in development plans. UNDP continues to work in Montería and Florencia to ensure that their respective 2016-2019 development plans include NCDs.

Opportunities

It has been estimated that economic losses from NCDs will cost LMICs over US\$ 20 trillion between 2010 and 2030 – this under the present scenario of inadequate action. At the same time, investments of public funds to address NCDs have been shown to be highly cost-effective, especially policy options outlined in the WHO Global Action Plan 2013-2020 [17]. Despite this paradox –between the costs of inaction and the high returns on investing in NCD prevention and control – ministries of finance and planning often leave national NCD response plans unprioritised, uncosted and underfunded. This is partly because these sectors often do not account for the social and economic costs of NCDs.¹⁵ In response, UNDP and WHO have committed to helping countries **make the investment case to prevent and treat NCDs. UNIATF missions are revealing**

high in-country demand for assistance in making these investment cases (28 country requests have been received as at November 2016), and, as noted above, exercises have already been carried out in Barbados, Fiji, Belarus, Kyrgyzstan and Mongolia. UNDP and WHO are looking for partners to help meet this demand. Parties to the WHO FCTC made the same request to UNDP and partners for help with making the business case for tobacco control on a global basis. Supporting tobacco-specific investment cases is a key element of the FCTC 2030 programme.

UNDP supports policymakers and practitioners to critically review and operationalize financing solutions that enable the implementation of sustainable development strategies. The Addis Ababa Action Agenda calls upon countries to explore tobacco taxation to curb tobacco consumption, avoid the health care costs from tobacco consumption, and generate a reliable revenue stream for financing their development priorities. Tobacco taxation efforts are often impeded by core governance challenges that UNDP seeks to address, namely through supporting implementation of WHO FCTC Article 5. **UNDP’s HIV, Health and Development Group is collaborating with the Convention Secretariat, WHO and UNDP’s Innovative Financing Team to help countries navigate the governance, complexities and political risks of tobacco taxation, and to ensure that tobacco taxation efforts are embedded within effective and accountable financing frameworks for the SDGs.**

Tobacco-specific legal scans exist¹⁶ but **parliamentarians need direct engagement support to scale-up effective tobacco control legislative and oversight measures.** UNDP and the Convention Secretariat are primed to support this work, building on UNDP’s NCD-related parliamentary work, previous successes engaging parliamentarians on health and issues of HIV and the law, and ongoing work to sensitize parliamentarians to accelerate progress towards Agenda 2030 implementation. Specifically, consultative workshops could be held to build the capacities and commitment of parliamentarians to further tobacco control, including by: (a) highlighting successful experiences of legislative reform and parliamentary oversight on tobacco control; (b) ensuring that parliamentarians are equipped with the latest information on tobacco epidemiology, WHO FCTC provisions and activities, and existing tools/support; (c) discussing challenges and opportunities for parliamentarians to take action, given both the potential for industry interference and to work with civil society, respectively; and (d) hearing from parliamentarians on actual experiences, successes,

¹⁵ These include the significant indirect costs from people who would otherwise be healthy no longer being able to work, or working less effectively, due to NCD-related death and disease.

¹⁶ For example, as developed by Tobacco Free Kids: <http://www.tobaccocontrolaws.org/legislation/>

challenges and strategies on tobacco control legislation development and enforcement. The consultations would also present an opportunity to canvass parliamentarians on what resources and tools would be most helpful in their roles.

Work area 2.3 under Objective 2 of WHO GAP 2013-2020 calls for UNDP and partners to integrate NCDs and HIV responses where appropriate. **Co-morbidities is an area that deserves increased attention, particularly within the context of the ambitious SDGs.** Given the Global Fund's framework for financing co-morbidities, UNDP's role as interim Principal Recipient for 40 grants across 22 countries and four regional programmes,¹⁷ and UNDP's status as a co-founding member of the UNIATF on NCDs, UNDP is uniquely positioned to support national health programmes worldwide to bridge the gap between NCD responses and those to HIV, TB and malaria – while also better identifying and mitigating the social determinants of ill-health. This work is already underway in the Pacific and there are also emerging opportunities in Cuba.

Greater engagement with the multilateral development banks is critical for the UN System to ensure a greater and more efficient resource flow towards the design, implementation and monitoring of national NCD prevention and control responses. As at November 2016, the World Bank was actively administering 36 NCD-inclusive loans, including the aforementioned US\$ 350m Argentina loan. Regional banks also have pre-existing and newly negotiated loans on NCDs, notably the Inter-American Development Bank (IDB), which, as of late 2015, had committed around US\$ 375m to countries across LAC to tackle NCDs through prevention, intersectoral governance, social inclusion, health equity and chronic disease management. Building on the evidence that NCD prevention and control contributes to the social, economic and environmental strands of development, while engaging concepts such as inequity reduction and whole-of-society responses, there is an opportunity for the UN System to influence and technically support Member States during loan agreement negotiations and execution. UN Country Teams as well as global and regional Inter-Agency Task Forces on NCDs have an important role to play.

The links between environment and health are being increasingly recognized. In 2012, 12.6 million deaths were attributed to environmental causes worldwide, with 8.2 million of these deaths from NCDs (the majority from air pollution) [38]. Nearly 90 percent of air-pollution-related deaths occur in LMICs, with approximately two out of three occurring in WHO's South-East Asia and Western Pacific

regions. Pollution and environmental degradation disproportionately impact poorer communities, and women and girls face unique exposures. **There is a need for greater UN System engagement in prevention and control of NCDs due to or exacerbated by environmental exposures, in line with the expanded mandate of the NCDs Task Force (E/2016/L.16).** Areas of engagement could include: climate change (e.g. heat waves increase risks for CVD and stroke), air, environmental pollution and health; impacts of the built environment on NCDs (e.g. housing, walkability, safe green spaces for physical activity); sustainable procurement in the health sector; sustainable consumption; and integrating NCDs into environmental impact assessments. For UNDP, there are specific opportunities to leverage its large Global Fund portfolio, large portfolio on environment and climate change, for example the GEF, and its broader work at country level to support the integration of work across all of the SDGs. UNDP can also seek to build upon ongoing EIA work in Africa, possibly extending it to other regions. Particular emphasis would be given to achieving 'win-win-wins' across environmental justice, poverty alleviation, and health and health equity (e.g. [equipping health clinics with solar panels](#) to deliver clean energy, keep health clinics operational, and save money that can be reinvested into poor communities).

Inclusion of NCDs and tobacco control in the 2030 Agenda, alongside ambitions to eradicate extreme poverty and reduce inequities of all kinds, underscores the need for strengthened and accelerated responses that account for the interlinks between health and broader development. Moving forward, UNDP will continue to convene stakeholders, build partnerships and capitalize on emerging opportunities to tackle NCDs and tobacco.

¹⁷ As of October 2016.

UNDP knowledge products



[What Government Ministries Need to Know about Non-communicable Diseases](#)

This set of briefs produced by WHO and UNDP provide policy and decision makers across government with information on how NCDs impact their sector, and the proactive steps they can take to respond to the challenges while advancing their own objectives and accountabilities.



[Health Promotion in the Sustainable Development Goals](#)

UNDP and WHO have produced this set of four policy briefs to discuss how different aspects of health promotion – healthy cities, action across sectors, social mobilization, and health literacy – can support ‘win-wins’ for health and sustainable development in the context of Agenda 2030. The briefs, intended for all stakeholders, will be a key input into the 9th Global Conference on Health Promotion, to be held in Shanghai from 21-24 November 2016.



[Discussion Paper: Tobacco Control Governance in sub-Saharan Africa: Implementing Article 5.2\(a\) of the WHO FCTC](#)

Based on an in-depth review of WHO FCTC Party reports and internal government documents from select countries, as well as a wide set of key informant interviews with focal points, members of NCMs and civil society leaders, the report provides a clear set of recommendations to guide future efforts to strengthen or establish strong, dedicated tobacco control governance mechanisms that can facilitate multisectoral coordination and action, while protecting against tobacco industry interference in policymaking.



[UNDP/WHO Guidance Note on Integrating NCDs into UNDAFs \(English and French\)](#)

The Guidance stresses the importance of engaging with all parts of government and society when integrating NCDs into UNDAFs. The Guidance is structured along the four main steps of UNDAF development: (i) building the roadmap; (ii) conducting a country analysis; (iii) strategic planning; and (iv) monitoring and evaluation. It recognizes the importance of ‘Delivering as One’ and encourages countries to work with the UN system to capitalize on the strengths and comparative advantages of the different members of the UN family.



[Discussion Paper: Addressing the Social Determinants of Noncommunicable Diseases](#)

This paper offers a typology of multisectoral action that highlights three general categories of possible action outside the health sector: expanding delivery platforms; NCD-specific actions on social determinants; and NCD-sensitive actions on social determinants. It then provides a framework that outlines more specific areas and opportunities for actors outside the health sector to take action on the social determinants of NCDs.



[Addressing Social, Economic and Environmental Determinants of Health and the Health Divide in the Context of Sustainable Human Development](#)

Social, economic and environmental factors are embedded in development as the three interlinking pillars of sustainable human development. They also, to a large extent, determine population health and the distribution of health. In order to realize potential co-benefits for both health and development and to prioritize areas for action, it is necessary to take specific steps to integrate health and development. This study shows how this can be done in a practical way. **A Briefing note with highlights from the report is available [here](#).**



[A Post-2015 Development Agenda: Lessons from governance of HIV responses in Asia and the Pacific](#)

This report describes examples of how policies and approaches used to reduce new HIV infections in Asia and the Pacific could be effective in stemming other growing health threats and emerging development issues. The report includes case studies applying governance lessons to NCDs and child and maternal health.



[Trade, Trade Agreements and Non-Communicable Diseases in the Pacific Islands](#)

This report summarizes the proceedings of the Sub-Regional Workshop on “Trade, Trade Agreements and Non-Communicable Diseases” held in Nadi, Fiji Islands, 11-14 February 2013. The event was sponsored by SPC, C-POND, UNDP Pacific Centre and WHO. The report was jointly prepared by the four agencies and produced by UNDP Pacific Centre.



[Pacific Trade and Human Rights](#)

The impacts that the rules, conditions and mechanisms of the international trading system can have on the enjoyment of human rights are increasingly understood and considered. This report examines the current state of trade

policy, including the negotiation and implementation of trade agreements in Pacific Island Countries. The overall message is that a human rights-based approach to trade helps ensure that the processes and outcomes of negotiating and implementing trade and investment agreements protect, respect and fulfill the rights of affected individuals and communities to a greater extent. Recommendations are provided.



[Development Planning and Tobacco Control: Integrating the WHO Framework Convention on Tobacco Control into UN and National Development Planning Instruments](#)

UNDP and the Convention Secretariat jointly produced this report to reflect the urgent need to integrate WHO FCTC implementation into countries' health and development plans and ensure its inclusion in the UN system response as articulated through the UN Development Assistance Frameworks (UNDAFs), which are the strategic programme frameworks jointly agreed between governments and the UN system outlining priorities in national development.



[UNDP Issue Brief: Tobacco Control for Health and Development](#)

This Issue Brief looks at tobacco control and UNDP's role in the implementation of the WHO Framework Convention on Tobacco Control, while also exploring the health, development and human rights dimensions of tobacco use.

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January 2017




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Annex. NCDs and the SDGs

 <p>1 NO POVERTY</p>	<p>NCDs and poverty are interlinked and mutually reinforcing. The poor face disproportionate exposures to various NCD risk factors. They also have reduced access to critical prevention and treatment services, while enduring lower levels of access to education and other health messaging opportunities. NCDs can also expand and deepen poverty – e.g. through catastrophic out-of-pocket medical expenditures, by forcing people to exit the labour market, and/or by pushing children out of school to act as caregivers. The importance of adequate social protection is reinforced, as well as advancing towards universal health coverage.</p>
 <p>2 ZERO HUNGER</p>	<p>Tackling NCDs means addressing malnutrition in all its forms, through approaches that do not lead to an overabundance of particularly nutrient-poor calories. Promoting alternative crops to tobacco can diversify agricultural productivity and increase income for producers, while improving land and soil quality and supporting sustainable food production systems. Reducing household spending on tobacco products can unlock resources to invest in food.</p>
 <p>4 QUALITY EDUCATION</p>	<p>Fewer NCDs among families keeps children in school. Reduced exposure to tobacco, alcohol, unhealthy diet and physical inactivity improves cognitive capacities and learning outcomes. Reducing household spending on tobacco can increase investment in education. Meanwhile, schools can provide a healthy environment, and be an ideal setting for health promotion. Education's ability to reach children at a young age and <i>en masse</i> can help establish healthy behaviours early on that can remain throughout the life-course.</p>
 <p>5 GENDER EQUALITY</p>	<p>Women account for over half of NCD deaths and face unique NCD risk exposures, for example second-hand smoke, indoor air pollution from household chores (e.g. cookstoves) and constrained physical activity opportunities (e.g. because of unsafe neighborhoods, social norms or traditional dress). Cultural norms around ideal body size can affect not just physical but also mental health. Meanwhile, tobacco use is rising rapidly amongst women and girls, largely as a result of targeted tobacco industry campaigns that associate smoking with women's empowerment and gender equality. NCDs are often misconstrued as being of greater import for men, resulting in gender-related policy, programme and research gaps.</p>
 <p>6 CLEAN WATER AND SANITATION</p>	<p>Access to clean water is essential not just for nutrition but also physical activity (i.e. hydration). Clean water consumption can support weight management, by contributing to fullness, stoking metabolic processes, and providing an alternative to sugar-sweetened beverages. Schools and workplaces should provide access to clean water as a key element of WHO's Healthy Settings approach.</p>
 <p>7 AFFORDABLE AND CLEAN ENERGY</p>	<p>There are win-win innovations in health and sustainable energy with relevance for NCDs. Fuel-efficient stoves can increase energy efficiency and reduce indoor air pollution (while also reducing deforestation). Equipping solar panels at health centres can ensure access to affordable, reliable and modern energy services, while also allowing health clinics to maintain cold chains, connectivity and remain operational.</p>
 <p>8 DECENT WORK AND ECONOMIC GROWTH</p>	<p>NCDs reduce productive capacities and drag economic growth. Taxation of health-harming products is a win-win synergy between the health and economic sectors (such taxes enable people to be healthier and economies more productive, while raising government revenue and reducing health care costs down the road). Supporting economic alternatives to tobacco growing would help diversify economies. Tackling NCDs would advance better and safer working conditions, for tobacco growers, including child tobacco growers, as well as for those in extraction. Workplaces offer a strong delivery platform for health messaging as well as counselling and services provision.</p>
 <p>9 INDUSTRY, INNOVATION AND INFRASTRUCTURE</p>	<p>Infrastructure development raises unique health risks for workers and surrounding communities alike, including increased exposure to NCD risk factors such as harmful use of alcohol. Ensuring that capital projects are health-sensitive (i.e. take steps to mitigate increased health risks) and that their benefits are accrued by all can advance health equity, inclusive economic growth and sustainable human development broadly. Meanwhile, access to information, communications technology (including mobile health and wearable technologies), and the internet are all central to health literacy.</p>

	<p>Lower-income countries face large NCD burdens, especially disproportionately high rates of NCD-related premature mortality. Within countries, various forms of disadvantage tend to be associated with NCDs, owing partly to greater exposure to the four main behavioural risk factors and environmental risks. Many industries are increasingly targeting LMICs and vulnerable populations with advertising for health-harming products. Disadvantaged populations also face difficulties accessing essential health services and information. Conversely, reduced NCD burdens confer opportunities, for example in labour or education, which can lift people out of bad conditions.</p>
	<p>Urbanization offers significant opportunities for addressing NCDs, but where it is inadequately managed, urbanization can also increase exposure to NCD risk factors. Sustainable cities and communities are NCD-sensitive cities and communities; they ensure access to healthy food through innovative policy measures that improve the food environment; they focus on cleaner and more efficient forms of public transportation, thereby improving air quality, promoting physical activity (e.g. more walking and cycling) and providing speedy access to health and other services; and they are designed and regulated so as to increase people’s access to safe green spaces and smoke-free places, while reducing the risk of road traffic accidents.</p>
	<p>Unsustainable consumption and production patterns have strong links to NCDs, for example by polluting the air, water and soil as well as altering the food supply. Removing fossil fuel subsidies, or taxing fuel, can reduce environmental harms that cause NCDs, while bringing significant revenue to government. Efforts to address NCDs push transnational corporations, and support individuals, to adopt sustainable practices for the health of the planet and its people.</p>
	<p>The links between climate and health, including NCDs, are increasingly recognized. The majority of air pollution deaths are from NCDs. Extreme weather events such as heat waves increase risk for CVD and stroke. Framing climate action as a public health priority, in addition to a planetary imperative, can generate additional support to push climate change action (e.g. the Paris Agreement of December 2015).</p>
	<p>The majority of the nearly 6 trillion cigarettes smoked each year are littered; cigarettes are in fact the most commonly littered product worldwide. The filter on cigarettes is comprised of plastic ingredients that are particularly harmful to beaches and oceans. Tobacco control can reduce marine pollution/toxicity for the betterment of aquatic life. The reverse is also true: any serious efforts to improve life below water would have to engage with the specific problem of cigarettes.</p>
	<p>Tobacco farming is land intensive and frequently uses large amounts of fertilizer, herbicide and pesticide. Tobacco farming also often requires a large amount of wood for flue-curing. Taken together, tobacco production disrupts the ecosystem and leads to soil and land degradation including deforestation. Biodiversity is reduced and food insecurity increased.</p>
	<p>Tackling NCDs requires getting the governance right, whether through national coordination mechanisms and focal points for tobacco control, and/or multisectoral committees for NCDs. Effective governance for NCD prevention and control promotes: intersectoral engagement and conflict of interest management; transparency and accountability; reduced corruption and undue interference in policy making; and addressing organized crime such as the illicit trade of tobacco products. It supports governments to make good on their commitments, not just in addressing the four main NCD risk factors but also in ensuring access to essential medicines, delivering on the promise of universal health coverage, and addressing environmental injustices such as air pollution.</p>
	<p>Nowhere is a “New Global Partnership” needed more than in getting business, trade and health on the same page, whether for addressing NCD risk factors or ensuring access to medicines. Win-wins are possible considering that: NCDs can actually hurt business through reduced productive capacities and increased health insurance premiums; and consumer markets are fast-developing preferences for healthier products and services. Moreover, domestic capacity for tax and other revenue collection can be enhanced by intersectoral collaboration through NCD/tobacco control mechanisms as well as specific efforts to tax tobacco and other health-harming products. Tobacco control efforts can fully utilize south-south and triangular cooperation and knowledge sharing, and vice versa.</p>