Global Dialogue on Partnerships for Sustainable Financing of NCD Prevention and Control

MEETING REPORT
ACKNOWLEDGEMENTS

This report was made possible thanks to the support and contribution of many individuals from the World Health Organization’s Noncommunicable Diseases and Mental Health Cluster and the colleagues from all WHO regional offices, Government of Denmark and partner organizations. Special thanks are due to the co-chairs and members of the Global Dialogue Steering, Programme and Advisory Committees for their intellectual support and strategic guidance: Bente Mikkelsen, Birgitte Mossin Bronden, Téa Collins, Katie Dain, Bent Lautrup-Nielsen, Nick Banatvala, Douglas Bettcher, Francesco Branca, Vanessa Candeias, Annie Chu, Guy Fones, Paul Garwood, Sophie Genay-Diliautas, Marta Guglielmetti, Asmus Hammerich, Anselm Hennis, Gitte Hundahl, Priya Kanayson, Etienne Krug, Alexey Kulikov, Grega Kumer, Mary-Anne Land, Lina Mahy, Daniel Mic, Line Neerup Handlos, James Pfitzer, Marge Reinap, Dag Rekve, Shekhar Saxena, Hai-Rai Shin, Steven Shongwe, Slim Slama, Thaksaphon Thamarangsi, Menno Van Hilten, Tatiana Vorovchenko. Overall guidance was provided by Svetlana Akselrod.

Téa Collins acted as principle drafter of this report and oversaw the development and design of the document with technical support by Ayodele Akinnawo.

Warm thanks are extended to the WHO GCM/NCD participants, including dialogue and working group co-chairs, members, and special advisers for their participation and valuable expertise ensuring a successful Global Dialogue meeting.

Significant technical and financial contributions made by the World Diabetes Foundation, World Economic Forum, NCD Alliance, International Federation of Pharmaceutical Manufacturers & Associations and Organisation for Economic Co-operation and Development are gratefully acknowledged.

Editorial support was provided by John Dawson.

Art Direction and Design: Human After All.
Foreword

1. Global Dialogue: overview


Day 1

- Opening ceremony
- Plenary session 1. Setting the stage: the role of partnerships and innovative financing to accelerate national NCD responses
- Plenary session 2. Development cooperation for NCDs: aligning and leveraging domestic and external resources to achieve SDG target 3.4

Day 2

- Plenary session 3. Exploring synergies between financing national NCD responses and broader health systems strengthening efforts for universal health coverage: launch of the report of the Lancet Taskforce on NCDs and economics
- Plenary session 4. Summary of key outcomes

Day 3

- Plenary session 5. Synthesis: summary, conclusion and recommendations
- Plenary session 6. Multistakeholder and multisectoral action: a means to unlock financing for NCDs

Programme of meeting

3. Global Dialogue outcomes

3.1 High-level summary

3.2 Copenhagen Global Dialogue recommendations for accelerating national NCD responses

- The role of partnerships and innovative financing to accelerate national NCD responses
- Development cooperation for NCDs: aligning and leveraging external and domestic resources to achieve SDG target 3.4
- Exploring synergies between financing national NCD responses and broader health systems strengthening efforts for universal health coverage
## 3.3 Key messages from multistakeholder and multisectoral dialogue and partnership forums

- **Parallel session 2.1.** Mobilizing resources for a joint United Nations system response to NCDs: the role of development cooperation
- **Parallel session 2.2.** Mobilizing domestic resources for NCDs: learning from country experiences
- **Parallel session 2.3.** How to harness the power of the private sector to implement national NCD responses
- **Parallel session 2.4.** Measuring resource flows into NCDs: current trends and projections
- **Parallel session 3.1.** Political economy of universal health coverage for NCDs: what are the necessary economic, social and political preconditions to make universal health coverage for NCDs a realistic goal for all?
- **Parallel session 3.2.** Investing in innovative service delivery models towards integrated person-centred care for NCDs
- **Parallel session 3.3.** Building the investment case for NCD prevention and control
- **Parallel session 3.4.** Cost-effective and feasible solutions: WHO “best buys”

### Partnership forums

- **Partnership forum 1.** Scaling up digital health for NCDs: leaving no one behind
- **Partnership forum 2.** NCDs and mental health in emergencies: beyond current financing
- **Partnership forum 3.** A vital investment: scaling up health workforce for NCDs
- **Partnership forum 4.** Accelerating access to medicines and new technologies in low- and middle-income countries: viable models for innovative partnerships
- **Partnership forum 5.** Advocacy for resource mobilization for NCDs: the role of civil society for holding stakeholders accountable
- **Partnership forum 6.** Creating a shared value: aligning commercial and public health interests to tackle NCDs

## 4. Annexes

- **Annex 1.** Plenary speeches and presentations
- **Annex 2.** Participants and listings
- **Annex 3.** Image gallery
It is well known that noncommunicable diseases (NCDs), such as cardiovascular diseases, cancers, chronic obstructive lung disease and diabetes, are affecting millions of people worldwide, prematurely taking lives at all stages of the life course from very young to old age. It is also common knowledge that over three quarters of these deaths occur in low- and middle-income countries, many of which continue to struggle with devastating consequences of HIV/AIDS, malaria, tuberculosis (TB) and other infectious diseases, as well as high maternal and child mortality and morbidity and lack of access to health services. NCDs also impose large and often avoidable costs on already stretched government budgets and economies at large, and exacerbate poverty.

Until recently, the development agenda for NCDs had not stressed enough the need for more resource mobilization to address NCD prevention and control. As a result, the urgency of the problem has not translated into effective country-level action. The large inequality in the burden of NCDs and domestic resources to address them continues to remain, highlighting the North–South divide. In addition, information and knowledge gaps at global, regional and country levels impede the effective mobilization of predictable and sustained financing for NCDs to ensure the implementation of best practices, efficient use of resources, and advancement of universal health coverage, to include NCDs.

Now that NCDs are firmly embedded in the 2030 Agenda for Sustainable Development with a commitment at the highest level to reduce, by one third, premature mortality from NCDs through prevention and treatment and promote mental health and well-being (SDG target 3.4), a coordinated response from a multitude of actors, including governments, multilateral organizations, civil society and the private sector, will be paramount. Only through a concerted multisectoral and multistakeholder approach can we achieve the NCD-related and other ambitious health targets of the 2030 Agenda, as public resources alone will not be sufficient to overcome the NCD epidemic. WHO recognizes the need for urgent action. This is why, in the lead-up to the third High-level Meeting on the Prevention and Control of NCDs, the Government of Denmark and the WHO Global Coordination Mechanism on the Prevention and Control of NCDs (GCM/NCD) co-organized a Global Dialogue on Partnerships for Sustainable Financing of NCD Prevention and Control from 9 to 11 April, 2018, in Copenhagen, Denmark. The Global Dialogue brought together high-level participants from Member States, representatives of royal families, United Nations system organizations, academia, civil society, professional associations and the private sector to discuss the challenges and come up with innovative solutions to address the critical gap in resource mobilization for accelerating national NCD responses. It was truly the expertise and commitment of all participants that made the Global Dialogue a success. I would like to thank all who contributed their valuable knowledge to this important event. The remarkable leadership of the Government of Denmark and the sponsoring partners, such as the Organisation for Economic Co-operation and Development (OECD), World Diabetes Foundation, International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), World Economic Forum, and NCD Alliance, is gratefully acknowledged.

The Global Dialogue assessed the progress made since the first High-level Meeting on NCDs in 2011 and stressed the need for international cooperation and partnerships to increase financing for NCDs. I hope you enjoy reading this report, which captures the major highlights of the Global Dialogue and offers specific actionable recommendations on financing NCD prevention and control. The numerous speeches and presentations from key speakers also shed light on how we can move forward from global commitments to local actions. We are very pleased with the outcomes of the Global Dialogue and hope you find this report an important resource. The time is now to deliver.
Global Dialogue: overview
More than 300 participants from over 56 countries, including governments, United Nations agencies and non-State actors, came together on 9–11 April 2018 in Copenhagen, Denmark, to share ideas and best practices, to create and strengthen partnerships, and to discuss and debate how to find sustainable solutions to reach the noncommunicable disease (NCD) target 3.4 of the 2030 Agenda for Sustainable Development: “By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.” The occasion was the World Health Organization (WHO) Global Dialogue on Partnerships for Sustainable Financing of NCD Prevention and Control, co-organized by the Government of Denmark and WHO.

Over the course of three days, representatives of government ministries, academia, nongovernmental organizations (NGOs), philanthropic foundations, professional associations and the private sector convened to discuss how collective efforts, innovative approaches and multistakeholder partnerships can take forward governance, accountability, resource mobilization and intersectoral action to accelerate the implementation of high-level political commitments for the achievement of the Sustainable Development Goals (SDGs) at the local level.

The conference sessions encompassed formal plenaries, as well as parallel sessions, which broke down the plenary themes into more focused topics to be explored further. The parallel sessions also included multistakeholder and multisectoral partnership forums. The partnership forums were moderated sessions with the goal of addressing specific areas of action on NCDs, such as digital health, mental health and emergencies, innovative service delivery models, and strengthening of the human workforce, where the power of public-private partnerships can be harnessed for the greater public good.

The Global Dialogue provided an effective platform for major announcements and launches of various commitments and reports, including the launch of the WHO Global Coordination Mechanism on the Prevention and Control of NCDs (GCM/NCD) Working Group report on the alignment of international cooperation with national NCD strategies and plans, and the launch of the Lancet series on NCDs and economics.

The Government of Denmark announced its commitment to support the Defeat-NCD Partnership and set up an SDG fund to secure the implementation of the 2030 Agenda for Sustainable Development, focusing on the challenges that low- and middle-income countries face.

The Youth Innovation Lab convened on the margins of the Global Dialogue to allow young talents to co-create innovative ideas that could contribute to increased mobilization of resources for improved NCD financing. The project was a collaborative effort of the World Diabetes Foundation, NCD Child, NCDFREE, the International Federation of Medical Students’ Associations and the Young Professionals Chronic Disease Network. The Youth Innovation Lab brought 20 carefully selected young leaders from all over the world to participate in the event, take part in selected parallel sessions, and propose concrete creative solutions. The most innovative talent teams presented their ideas in the summary plenary and eventually progressed to the prestigious UNLEASH Innovation Lab in Singapore to further develop their ideas for potentially funded projects.
Conference documents distributed to delegates included a conference programme, a brochure (including a practical information section), and profiles of speakers and moderators. A mobile app providing information about the event, as well as some background documents, was also available to download. All conference details and news items are now available to view at who.int/conferences/global-ncd-conference/financing/en. The two event-specific hashtags, #NCDdialogue and #NCDyouthlab, collectively reached nearly 6 million people, while the reach of WHO totalled 13 117 772 during the week of the Global Dialogue.

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Timeline
Daily programme of the Global Dialogue
The first day of the Global Dialogue set the stage for the coming days by reviewing the commitments made since the first High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases in 2011, and defining the current NCD financing landscape. The high-level speakers repeatedly stressed the importance of multisectoral and multistakeholder partnerships for the implementation of the 2030 Agenda for Sustainable Development and accelerating national NCD responses.

The 2030 Agenda is built on the premise that collaborative partnerships are necessary to ensure that “no one is left behind”. While the 2030 Agenda is equally applicable to developing and developed countries, each country faces a unique set of challenges depending on its individual characteristics. Mainstreaming the SDGs into national health system strategies and NCD plans will therefore require integrated thinking, with all stakeholders from both the public and private sectors coming together in collaborative partnerships to pool resources, expertise and knowledge and support the achievement of the SDGs and, particularly, the NCD target set out in SDG target 3.4.

The focus of the sessions on day 1 was on the topic of resource mobilization for accelerating national NCD action through aligning and leveraging domestic and international finances, including innovative financing mechanisms, development cooperation, and public–private partnerships.

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**Opening ceremony**

High-level representatives of the Government of Denmark, WHO, the Royal Family of Denmark, and the youth constituency opened the Global Dialogue with inspiring speeches underscoring the power of partnerships and international cooperation to trigger innovation, mobilize untapped resources and deliver results for comprehensive NCD prevention and control. The speakers also stressed that “business as usual” was no longer an option.

The four major groups of NCDs – cardiovascular diseases, cancer, chronic respiratory diseases and diabetes – and their shared risk factors (tobacco use, unhealthy diets, lack of physical activity and harmful use of alcohol) are contributing to over 72% of deaths globally. More importantly, NCDs take lives of people when they are most productive: according to WHO, there were over 15 million premature deaths (between the ages of 30 and 69) globally in 2016, and more than 80% of these deaths took place in low- and middle-income countries.¹

The speakers highlighted the significant progress made since the first United Nations High-level Meeting on NCDs in 2011 in terms of increasing political support for the global NCD agenda. However, it was also stressed that the translation of global commitments into effective country-level action had been relatively slow and uneven.

As countries move forward with the implementation of the 2030 Agenda for Sustainable Development, scaling up their efforts towards universal health coverage to meet SDG target 3.4, greater intersectoral coherence, integration and coordination of efforts and closer cooperation of the relevant public and private sectors will be needed to raise awareness, mobilize resources and make NCD prevention and care available and affordable.

¹ WHO Global Observatory data. NCD mortality and morbidity, 2018 ([www.who.int/gho/ncd/mortality_morbidity/en](www.who.int/gho/ncd/mortality_morbidity/en)).
Today’s dialogue meeting is a strong example of the power of partnerships’ potential to create shared value, a collective impact, and unity working towards a common goal. In short, working together to make it happen.

H.R.H. Crown Princess Mary of Denmark

"We need new partnerships that can generate new money. Luckily, we do not need to only appeal to the philanthropic hearts of investors. Doing good can also be doing good business."

Ulla Tørnæs, Minister for Development Cooperation, Denmark
Unless actions to address NCDs are prioritized, success in reaching many of the 2030 SDGs will be threatened. Investments in NCD prevention and control will provide high economic returns and clear win–win situations across sectors and stakeholders.

Bente Mikkelsen, Director a.i., Division of Noncommunicable Diseases and Promoting Health through the Life-course, WHO

WHO is working hard to provide the platforms and tools to make sure NCDs stay high on political, health and development agendas. We also advocate tirelessly for multisectoral and multistakeholder engagement and partnerships that demonstrate a clear value for health. Urgent action is needed now if the world is to reach the SDG target on NCDs.

Svetlana Akselrod, Assistant Director-General, WHO
Engaging young people in shaping and promoting the NCD agenda means ensuring that the efforts that are invested today to promote sustainable financing for NCDs and for universal health coverage won’t be lost tomorrow.

Dina Tadros, Youth Representative
Plenary session 1
Setting the stage: the role of partnerships and innovative financing to accelerate national NCD responses

The first plenary session further stressed the urgent need for political action and for increased mobilization of resources if the commitments to decrease premature mortality from NCDs are to be translated into country-level action. Bold changes in the way countries finance the development and implementation of national NCD responses are needed; a more holistic, coherent and integrated multisectoral approach is necessary.

“There is a complete mismatch between the NCD burden and the level of investments ... The question is not if we should respond to NCDs; but rather how fast we can increase the investments.”

Rifat Atun, Professor of Global Health Systems, Harvard University
It is essential to tap into the private sector’s expertise to help reach all patients at risk or suffering from NCDs. Discovering and developing new medicines and vaccines is our industry’s bread and butter, but we actually do much more than that: we foster innovation across the continuum of medical education, prevention, treatment and care. By participating in partnerships, we contribute to creating innovative finance models and build an evidence base that will be crucial to meet the NCD targets.

Thomas Cueni, Director-General, IFPMA

Sustainable financing for NCDs means three things: (i) implementing health taxes and regulatory measures; (ii) funding health promotion activities; and (iii) implementing strategic purchasing.

Agnes Soucat, Director for Health Systems, Governance and Financing, WHO
Plenary session 2
Development cooperation for NCDs: aligning and leveraging domestic and external resources to achieve SDG target 3.4

The second plenary session brought together representatives of the Global Fund to Fight AIDS, Tuberculosis and Malaria, WHO, the Swiss Agency for Development and Cooperation, the Ministry of Finance of Uruguay, the private sector and NGOs to discuss the trends in NCD financing and the evolving role of development assistance. It was emphasized that external resources should be viewed as complementary to domestic resource mobilization efforts for NCD prevention and control. It was also mentioned that development assistance for NCDs has the potential to energize and offer significant co-benefits to other areas of global health, including maternal and child health, communicable diseases, health systems strengthening, and the social and environmental determinants of health. The speakers highlighted that international cooperation is more than just financing aid. It also includes technical collaboration, knowledge exchange, technology transfer and capacity-building activities through North-South, South-South and triangular cooperation. Special emphasis was placed on the power of the private sector to mobilize financial resources and technical expertise to implement national NCD responses. The parallel sessions that followed explored these themes in greater detail.

The plenary session also provided an opportunity to launch the WHO GCM/NCD Working Group report on the alignment of international cooperation with national NCD plans.
Universal health coverage needs both a public and private sector engagement. We’re in the era when we have pluralistic multiprovider systems which are inclusive of both the public and private sector. We need to embrace that reality when we think about scaling the system so that it’s truly universal.

Tim Evans, Senior Director of Health, Nutrition and Population, World Bank, by video message

Irrespective of increasing political commitments and global awareness on the harm that NCDs bring from epidemiological, health and economic perspectives, the funding of NCD response as part of development assistance for health continues to be almost negligible.

Téa Collins, Adviser, Global Coordination Mechanism on NCDs, WHO
There has to be a political will to really achieve a change.

Pablo Ferreri, Vice Minister of Economy and Finance, Ministry of Finance, Uruguay

It is evident that integrated service delivery platforms provide the opportunity to improve both health outcomes and cost-efficiency of service delivery. Increased evidence also points to multiple benefits of integration across NCDs and infectious disease programmes. Strengthening the governance function of the national health system is key for ensuring an integrated approach to planning, programming, funding and implementation of national disease control programmes.

George Shakarishvili, Senior Adviser, Health Systems, Global Fund
In 2010, Denmark hosted a conference on the burden of NCDs in developing countries here in Copenhagen. Back then it was a challenge to ensure participation of donors, as these were only interested in dealing with challenges that were relevant in developing countries and NCDs were not part of that agenda. Five years later NCDs were included in the SDGs. Today we all agree on this challenge, and we should remember that we have come a long way in the establishment of a joint global agenda towards the elimination of NCDs.

Sanne Frost Helt, WHO Global Coordination Mechanism on NCDs Working Group Co-chair

Globally, we are facing difficulties in making the economic and business case for investing in NCDs prevention and control: only few donors “invest” in NCDs, preferring vertical programmes focusing on diseases which show quick results and wins.

Erika Placella, Health Adviser, Swiss Agency for Development and Cooperation
Without doubt the aspirations of the NCD advocacy community will be stifled if we are not able to unlock the funding required to drive action at a national level. WHO’s efforts to galvanize action in this area are critical if we want to make progress in delivering the 2025 NCD targets.

Cary Adams, Chief Executive Officer, Union for International Cancer Control
Plenary session 3
Exploring synergies between financing national NCD responses and broader health systems strengthening efforts for universal health coverage: launch of the report of the Lancet Taskforce on NCDs and economics

Day 2 commenced with the launch of the long-anticipated series on NCDs by the Lancet Taskforce on NCDs and economics. The new series enriches the discussion with arguments and insights on why investing in health, and particularly NCDs, is economically beneficial. The panellists agreed that the most sustainable means of achieving universal health coverage (including prevention and treatment of NCDs) is mandatory prepayment. Price policies and taxation are effective means of reducing NCD risk factors, such as tobacco and unhealthy diet, and can reduce inequalities. Investment in NCD control also results in increased economic growth.

The third plenary session was followed by a round of parallel sessions. In an interactive format of six partnership forums focused on six different NCD-related topics, participants were invited to reflect on the overarching financing theme.
Follow-up on the commitments made in 2011 has been a failure by the world community, as sufficient funding has not been allocated.

Adolfo Rubinstein, Minister of Health, Argentina

What’s great about this meeting is that the discussions have been focusing on action.

Jennifer Sargent, Senior Editor, the Lancet
Financing for NCDs is no different than financing for other major health needs: it increases equity, improves productivity, and must be part of universal health coverage.

Rachel Nugent, Vice President, Global Noncommunicable Diseases, RTI International

Noncommunicable diseases are often thought of as being too costly to tackle in low- and middle-income countries. But for as little as $1 per person, per year, countries can implement the NCD “best buys” and move substantially toward the SDG targets, whilst seeing huge social and economic benefits. We need to change the way we think about NCDs and see action as an investment for the future, not simply as a cost.

Melanie Bertram, Technical Officer, Economic Analysis and Evaluation, WHO
Plenary session 4
Summary of key outcomes

The fourth plenary session convened to summarize and discuss the key outcomes of the partnership forums, the information from which is reflected in the report recommendations.

Plenary session 5
Synthesis: summary, conclusion and recommendations

The third day started with a plenary discussion summarizing the outcomes of the Global Dialogue.

Several key issues were highlighted:

- The current rate of decline in premature mortality from NCDs is not sufficient to meet SDG target 3.4 by 2030, and political action needs to be accelerated in 2018.
- NCD financing is an issue that requires urgent attention. Public resources are not sufficient to overcome the NCD challenge. Incentives are needed for the private sector to support financing of national NCD responses. Development assistance will continue to be an important source of catalytic funding in low-income countries.
- In rich and poor countries alike, most premature deaths from NCDs can be prevented or delayed by implementing the WHO “best buys” and other recommended interventions for the prevention and control of NCDs through multistakeholder and multisectoral action.
- NCDs represent a strong investment opportunity, with high returns on investment.
- Successful experiences on NCD financing exist, but there is a need to understand what models would work in different contexts. Implementation science can help address this issue.
- More focus should be placed on figuring out how we make the different sectors and stakeholders collaborate.

The detailed summary of the Global Dialogue outcomes and recommendations are provided in the dedicated sections of this report.
The distinction between the private and public sector is passé – we need to think in terms of partnerships now.

Rifat Atun, Professor of Global Health Systems, Harvard University

The type of research, the type of advice that we should focus on is how. How do we collaborate?

Ilona Kickbusch, Director of the Global Health Centre, Graduate Institute of Geneva
It’s not just about sustainable investments, it is also about smarter financing.

Katie Dain, Chief Executive Officer, NCD Alliance

Designing and implementing effective public policies, including health policies, should be embedded in a human rights-based approach (including non-discrimination, data collection, participation, monitoring and accountability). Financing (or resource mobilization and allocation), as well as regulation, including fiscal measures, is a key tool for implementation of the State responsibility to fulfil the right to health. It is not possible to achieve equitable and sustainable development without the fulfilment of basic human rights.

Cristina Gonzalez, Minister Counsellor, Permanent Mission of Uruguay to the United Nations Office and other International Organizations at Geneva
Are we actually a good investment? When you talk to investors, don’t ask them for money. Ask them what data and information they need to see the value.

Celina Gorre, Executive Director, Global Alliance for Chronic Diseases

It’s not a question whether, but how we should work with the private sector.

David Clarke, Health Systems Adviser, Law and Governance, WHO
We know that multisectoral and multistakeholder partnerships, within countries and through international collaboration, are needed to mobilize necessary resources. It is hence very timely and critical that the WHO Global Dialogue on Partnerships for Sustainable Financing of NCD Prevention and Control is convened at this moment in time when the world is preparing to achieve the best possible outcomes of the United Nations high-level meeting.

Bent Lautrup-Nielsen, Senior Adviser, World Diabetes Foundation
Plenary session 6
Multistakeholder and multisectoral action: a means to unlock financing for NCDs

In the last plenary session it was concluded that NCDs represent a strong investment opportunity, with high returns on investment. When it comes to funding, traditional financing methods and public–private partnerships are critical for mobilizing resources, but innovative and alternative sources and partnership modalities for collaboration and comprehensive NCD prevention and control need to be considered as well. Comprehensive NCD responses require greater policy coherence for development effectiveness and policy harmonization across both aid and non-aid sectors; development outcomes cannot be attributed to any one actor or intervention.
“This meeting has had critical aspects that will advise the United Nations high-level meeting on the importance of addressing the NCD challenge, a challenge that needs to be faced rapidly if we wish to achieve the SDGs. It is OK that various intentions and interests are behind the involved partners and stakeholders – the important thing is pulling in the same direction.”

Nikolaj Gilbert on behalf of Grete Faremo, Under-Secretary-General and Executive Director, UNOPS

“Governments need to think on multistakeholder and multisectoral action when establishing partnerships for addressing NCDs.”

Sania Nishtar, Founder and President, Heartfile, by video message
If we are to achieve the SDGs we must dare to experiment and think big – and we must not be afraid to work together in new partnership models.

Kristian Jensen, Minister of Finance, Denmark

We cannot solve this problem through philanthropy alone.

This is a momentous conference for the NCD agenda and should mark a paradigm shift for taking the agenda forward.

H.R.H. Princess Dina Mired, Jordan
**MONDAY, 9 APRIL 2018**

09:00–10:00

**Opening ceremony**

Chair/moderator:
Martin Bille Hermann, State Secretary for Development Policy, Denmark

Speakers:
H.R.H. Crown Princess Mary of Denmark
Ulla Tørnæs, Minister for Development Cooperation, Denmark
Svetlana Akselrod, Assistant Director-General, WHO
Bente Mikkelsen, Director a.i., Division of Noncommunicable Diseases and Promoting Health through the Life-course, WHO
Dina Tadros, Youth Representative*

Organized by:
Téa Collins, Adviser, Global Coordination Mechanism on NCDs, WHO

Rapporteur:
Line Neerup Handlos, Consultant, WHO

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10:30–12:00

**Plenary 1**

Setting the stage: the role of partnerships and innovative financing to accelerate national NCD responses

Chair/moderator:
Martin Bille Hermann, State Secretary for Development Policy, Denmark
Francesco Branca, Director, Nutrition for Health and Development, WHO

Keynote speaker:
Rifat Atun, Professor of Global Health Systems, Harvard University*

Speakers:
Thomas Cueni, Director-General, IFPMA
Adolfo Rubinstein, Minister of Health, Argentina
Agnes Soucat, Director for Health Systems, Governance and Financing, WHO
Francine H.K. Ouedraogo Douamba, Ministry of Health, Burkina Faso
Waleed Almanea, Ministry of Health, Bahrain

Organized by:
Daniel Míc, Consultant, WHO
Téa Collins, Adviser, Global Coordination Mechanism on NCDs, WHO

Rapporteur:
Jakob Sloth Madsen, Senior Programme Manager, World Diabetes Foundation

* indicates those acting as facilitator of technical session
Plenary 2
Development cooperation for NCDs: aligning and leveraging domestic and external resources to achieve SDG target 3.4

Chair/moderator:
Téa Collins, Adviser, Global Coordination Mechanism on NCDs, WHO

Speakers:
Sanne Frost Helt, WHO GCM/NCD Working Group Co-chair*
Erika Placella, Health Adviser, Swiss Agency for Development and Cooperation
Cary Adams, Chief Executive Officer, Union for International Cancer Control
George Shakarishvili, Senior Adviser, Health Systems, Global Fund to Fight AIDS, TB and Malaria
Pablo Ferreri, Deputy Minister of Finance, Uruguay
Olayemi Cardoso, Chairman, Citibank, Nigeria*
Tim Evans, Senior Director of Health, Nutrition and Population, World Bank (video message)

Organized by:
Téa Collins, Adviser, Global Coordination Mechanism on NCDs, WHO

WHO Rapporteur:
Mads Loftager, Senior Programme Manager, World Diabetes Foundation

Parallel session 2.1
Mobilizing resources for a joint United Nations system response to NCDs: the role of development cooperation

Chair/moderator:
Nicholas Banatvala, Manager, United Nations Interagency Task Force (UNIATF)

Speakers:
Thomas Bollyky, Senior Fellow, Council on Foreign Relations*
Douglas Webb, Team Leader, Health, Gender and Environment, United Nations Development Programme (UNDP)
Adolfo Rubinstein, Minister of Health, Argentina
Carlotta Barcaro, Corporate Research Manager, United Nations Children’s Fund (UNICEF)
Eduardo Zubizarreta, Section Head, International Atomic Energy Agency (IAEA)
May Abdel-Wahab, Director, Division of Human Health, Department of Nuclear Applications, IAEA
Stineke Oenema, Coordinator, United Nations Standing Committee on Nutrition (UNSCN)
Anselm Hennis, Director, Department of Noncommunicable Diseases and Mental Health, Pan American Health Organization (PAHO)/WHO Regional Office for the Americas

Organized by:
Alexey Klikukov, External Relations Officer, UNIATF, WHO
Nick Banatvala, Manager, UNIATF, WHO

Rapporteur:
Kirza Kristensen, Senior Adviser, World Diabetes Foundation

* indicates those acting as facilitator of technical session
MONDAY, 9 APRIL 2018
15:30–17:30

Parallel session 2.2
Mobilizing domestic resources for NCDs: learning from country experiences

Co-moderators:
Kristina Mauer-Stender, Programme Manager, Tobacco Control, WHO
Fernando Araujo, Secretary of State for Health, Portugal

Speakers:
Carlos Eduardo de Oliveira Lula, Secretary of Health of State of Maranhão, Ministry of Health, Brazil
Agnes Soucat, Director for Health Systems, Governance and Financing, WHO
Oxana Domenti, Parliament of Republic of Moldova
Tanel Ross, Adviser, Ministry of Finance, Estonia
Jeremias Paul, Coordinator, Tobacco Control, WHO

Organized by:
Marge Reinap, Head of Country Office, WHO Estonia

Rapporteur:
Amelie Keller, WHO Regional Office for Europe

MONDAY, 9 APRIL 2018
15:30–17:30

Parallel session 2.3
How to harness the power of the private sector to implement national NCD responses

Chair/moderator:
Vanessa Candeias, Head of Global Health and Healthcare Initiative, World Economic Forum
Bent Lautrup-Nielsen, Senior Adviser, World Diabetes Foundation

Speakers:
David Clarke, Health Systems Adviser, Law and Governance, WHO
Stéphane Besançon, Chief Executive Officer, Santé Diabète
Andrea Atzori, Head of International Relations, Doctors with Africa Cuamm
Kaushik Ramaiya, General Secretary, Tanzania Diabetes Association
Niels Lund, Delegate, IFPMA
Amy Israel, Delegate, IFPMA

Organized by:
Vanessa Candeias, Head of Global Health and Healthcare Initiative, World Economic Forum
Bent Lautrup-Nielsen, Senior Adviser, World Diabetes Foundation

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Elsa Morandat, Programme Manager, World Diabetes Foundation
Susanne Olejas, Programme Manager, World Diabetes Foundation
MONDAY, 9 APRIL 2018
15:30–17:30

Parallel session 2.4
Measuring resource flows into NCDs: current trends and projections

Chair/moderator:
Dorje Mundle, Expert*

Speakers:
Brenda Killen, Deputy Director, OECD
Rachel Nugent, Vice President, Global Non-Communicable Diseases, RTI International*
Hafeez Ladha, Director, Innovative Finance, Financing Alliance for Health
Harald Nusser, Delegate, IFPMA
Eduardo Banzon, Principal Health Specialist, Asian Development Bank

Organized by:
Andrea Feigl, Health Economist, OECD

Rapporteur:
Andrea Feigl, Health Economist, OECD

TUESDAY, 10 APRIL 2018
09:00–11:00

Plenary 3
Exploring synergies between financing national NCD responses and broader health systems strengthening efforts for universal health coverage: launch of the report of the Lancet Taskforce on NCDs and economics

Chair/moderator:
Jennifer Sargent, Senior Editor, the Lancet*

Speakers:
Rachel Nugent, Vice President, Global Non-Communicable Diseases, RTI International*
Franco Sassi, Professor of International Health Policy and Economics, Imperial College Business School*
Adolfo Rubinstein, Minister of Health, Argentina
Stephen Jan, Professor of Health Economics, University of New South Wales*
Hans Kluge, Director, Division of Health Systems and Public Health, WHO
Mark Pearson, Deputy Director, Employment, Labour and Social Affairs, OECD
Melanie Bertram, Technical Officer, Economic Analysis and Evaluation, WHO

Organized by:
Rachel Nugent, Vice President, Global Non-Communicable Diseases, RTI International*

Rapporteur:
Mads Loftager, Senior Programme Manager, World Diabetes Foundation

* indicates those acting as facilitator of technical session
Parallel session 3.1
Political economy of universal health coverage for NCDs: what are the necessary economic, social and political preconditions to make universal health coverage for NCDs a realistic goal for all?

Chair/moderator:
Celina Gorre, Executive Director, Global Alliance for Chronic Diseases

Speakers:
Adolfo Rubenstein, Minister of Health, Argentina
Joao Rodrigues Da Silva Breda, Head, Integrated Prevention and Control of NCDs, WHO
Vilma Irazola, Director, Centre of Excellence in Cardiovascular Health in South America, Institute of Effective Clinical Health Care, Argentina
Madiha Ahmed, Senior Program Specialist, International Development and Research Centre, Canada

Organized by:
Celina Gorre, Executive Director, Global Alliance for Chronic Diseases

Rapporteur:
Elizaveta Lebedeva, Consultant, WHO

Parallel session 3.2
Investing in innovative service delivery models towards integrated person-centred care for NCDs

Chair/moderator:
Bent Lautrup-Nielsen, Senior Adviser, World Diabetes Foundation

Speakers:
Sanne Frost Helt, WHO GCM/NCD Working Group Co-chair*
Jonathan Klein, Immediate Past-Chair, NCD Child
Kaushik Ramaiya, General Secretary, Tanzania Diabetes Association
Simon Barquera, Director, Centre for Nutrition and Health, National Institute of Public Health, Mexico
Gene Bukhman, Director, Harvard Medical School

Organized by:
Bent Lautrup-Nielsen, Senior Adviser, World Diabetes Foundation

Rapporteurs:
Elsa Morandat, Programme Manager, World Diabetes Foundation
Susanne Olejas, Programme Manager, World Diabetes Foundation
### Parallel session 3.3
**Building the investment case for NCD prevention and control**

**Chair/moderator:**
Nick Banatvala, Manager, UNIATF

**Speakers:**
- Douglas Webb, Team Leader, Health, Gender and Environment, UNDP
- Rachel Nugent, Vice President, Global Non-Communicable Diseases, RTI International*
- Andrea Feigl, Health Economist, OECD
- Katie Dain, Chief Executive Officer NCD Alliance
- Stineke Oenema, Coordinator, UNSCN
- Purwanto Purwanto, Director of Budget, Human and Culture Development, Ministry of Finance, Indonesia
- Robert Tripp, Senior Adviser, Framework Convention on Tobacco Control

**Organized by:**
Nick Banatvala, Manager, UNIATF

**Rapporteur:**
Jakob Sloth Madsen, Senior Programme Manager, World Diabetes Foundation

* indicates those acting as facilitator of technical session

### Parallel session 3.4
**Cost-effective and feasible solutions: WHO “best buys”**

**Chair/moderator:**
Mary-Anne Land, Technical Officer, WHO

**Speakers/panellists:**
- Melanie Bertram, Technical Officer, Economic Analysis and Evaluation, WHO
- Dian Black, Acting Deputy Financial Secretary, Ministry of Finance and Public Service, Jamaica
- Frederico Bosco Alves dos Santos, Head of Department for NCD, Ministry of Health, Timor-Leste
- Justice Mudavanhu, Deputy Director, Non-Communicable Diseases, Ministry of Health, Zimbabwe
- Gwenael Dhaene, Health Systems Adviser, WHO
- Ajitha Botagoda, Director, Ministry of Finance and Mass Media, Sri Lanka
- Thaksaphon Thamarangsi, Director, Noncommunicable Diseases and Environmental Health, WHO

**Organized by:**
Mary-Anne Land, Technical Officer, WHO

**Rapporteur:**
Hanne Strandgaard, Head of Programme Department, World Diabetes Foundation
PROGRAMME OF MEETING

TUESDAY, 10 APRIL 2018
14:30–16:30

Partnership forum 1
Scaling up digital health for NCDs: leaving no one behind

Chair/moderator:
Mary-Anne Land, Technical Officer, WHO

Speakers:
Fiona Adshead, Deputy Chief Executive, NCD Alliance
Clayton Hamilton, Unit Leader, WHO
Thomas Cueni, Director-General, IFPMA
Birgit Morlion, Programme Officer, eHealth, Well-being and Ageing, European Commission
Pasqualino Procacci, Head, Human Development Office, Agency for Development Cooperation, Italy

Organized by:
Marta Guglielmetti, Government Relations and Partnerships, WHO
Mary-Anne Land, Technical Officer, WHO

Rapporteur:
Kirza Kristensen, Senior Adviser, World Diabetes Foundation

TUESDAY, 10 APRIL 2018
14:30–16:30

Partnership forum 2
NCDs and mental health in emergencies: beyond current financing

Chair/moderator:
Daniel Hugh Chisholm, Programme Manager, Mental Health, WHO

Speakers:
Sarah Harrison, Technical Adviser, International Federation of Red Cross and Red Crescent Societies
Erika Placella, Health Adviser, Swiss Agency for Development and Cooperation
Birgitte Bischoff Ebbesen, Director, International Department, Danish Red Cross
Slim Slama, Regional Adviser, WHO

Organized by:
Slim Slama, Regional Adviser, WHO

Rapporteur:
Line Neerup Handlos, Consultant, WHO
PROGRAMME OF MEETING

**TUESDAY, 10 APRIL 2018**

**14:30–16:30**

**Partnership forum 3**

A vital investment: scaling up health workforce for NCDs

**Chair/moderator:**
Francesca Celletti, Vice President, Corvus Health

**Speakers/panellists:**
- Isabel Jacinto, Pharmacist, National Association of Pharmacies, Portugal
- Sanne de Wit, Liaison Officer for Public Health Issues, International Federation of Medical Students’ Associations
- Andreas Rudkjøbing, World Medical Association Council, World Medical Association
- Feven Girma Assefa, Ministry of Health, Ethiopia
- Patrick Kupelian, Vice President, Varian Medical Systems*

**Organized by:**
Baptiste Vasey, Fellow, Mercator Fellowship*
Julia Tainijoki Seyer, Medical Adviser, World Medical Association

**Rapporteur:**
Baptiste Vasey, Fellow, Mercator Fellowship*

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**TUESDAY, 10 APRIL 2018**

**14:30–16:30**

**Partnership forum 4**

Accelerating access to medicines and new technologies in low- and middle-income countries: viable models for innovative partnerships

**Chair/moderator:**
Helen McGuire, Global Program Leader, PATH

**Speakers:**
- James Pfitzer, Director, Access Accelerated, IFPMA*
- Soraya Ramoul, Delegate, IFPMA
- Gerald Mutungi, Programme Manager, Non-Communicable Diseases (NCDs) Prevention and Control Programme, Ministry of Health, Uganda
- Dorcas Kiptui, Head, Tobacco Control Unit, Ministry of Health, Kenya
- Helen McGuire, Global Program Leader, PATH
- Kaushik Ramaiya, General Secretary, Tanzania Diabetes Association

**Organized by:**
James Pfitzer, Director, Access Accelerated, IFPMA*
Vanessa Peberdy, Manager, Global Health Policy, IFPMA

**Rapporteurs:**
Helen McGuire, Global Program Leader, PATH
Grega Kumer, Head, Director-General Office, IFPMA

* indicates those acting as facilitator of technical session
### Partnership forum 5
**Advocacy for resource mobilization for NCDs: the role of civil society for holding stakeholders accountable**

**Chair/moderator:**  
Katie Dain, Chief Executive Officer, NCD Alliance

**Speakers:**  
Stéphane Besançon, Chief Executive Officer, Santé Diabète  
Stefan Islandi, Director of Development, Danish Cancer Society  
Tih Ntiabang, Regional Coordinator, WHO Regional Office for Africa, Framework Convention Alliance, Cameroon  
Ishu Kataria, Public Health Researcher, Young Professionals Chronic Disease Network  
Luis Manuel Encarnación Cruz, Youth Innovation Lab

**Organized by:**  
Priya Kanayson, Senior Advocacy Officer, NCD Alliance  
Mary-Anne Land, Technical Officer, WHO

**Rapporteur:**  
Priya Kanayson, Senior Advocacy Officer, NCD Alliance

### Partnership forum 6
**Creating a shared value: aligning commercial and public health interests to tackle NCDs**

**Chair/moderator:**  
Ilona Kickbusch, Director, Global Health Centre, Graduate Institute, Geneva*

**Speakers:**  
David Clarke, Health Systems Adviser, Law and Governance, WHO  
Dorje Mundle, Expert*  
Franck Droin, President, European Association of Paritarian Institutions  
Rachel Melsom, Tobacco Free Portfolios  
Martin Bernhardt, Delegate, IFPMA

**Organized by:**  
Sophie Genay-Dillautas, Technical Officer, WHO  
Baptiste Vasey, Fellow, Mercator Fellowship*

**Rapporteur:**  
Elizaveta Lebedeva, Consultant, WHO
**PROGRAMME OF MEETING**

**TUESDAY, 10 APRIL 2018**
17:00–18:00

**Plenary 4**

Debriefing from partnership forums: current and new financing models, partnerships, mechanisms, policies and frameworks

**Chair/moderator:**
Franco Sassi, Professor of International Health Policy and Economics, Imperial College Business School*

**Speakers:**
Clayton Hamilton, Unit Leader, WHO
Slim Slama, Regional Adviser, Noncommunicable Diseases Prevention, WHO
Baptiste Vasey, Fellow, Mercator Fellowship*
Helen McGuire, Global Program Leader, PATH
Katie Dain, Chief Executive Officer, NCD Alliance
Rachel Melsom, Director, UK and Europe, Tobacco Free Portfolios
Bent Lautrup-Nielsen, Senior Adviser, World Diabetes Foundation

**Organized by:**
Baptiste Vasey, Fellow, Mercator Fellowship*

**Rapporteur:**
Dina Tadros, Youth Representative*

**WEDNESDAY, 11 APRIL 2018**
09:00–10:30

**Plenary 5**

Synthesis: summary, conclusion and recommendations

**Chair/moderator:**
Ilona Kickbusch, Director, Global Health Centre, Graduate Institute, Geneva*

**Speakers:**
Cristina Gonzalez, Minister Counsellor, Permanent Mission of Uruguay to the United Nations Office and other International Organizations at Geneva
Katie Dain, Chief Executive Officer, NCD Alliance
Celina Gorre, Executive Director, Global Alliance for Chronic Diseases*
David Clarke, Health Systems Adviser, Law and Governance, WHO
Jennifer Healy, Chief of Staff, Department of Health and Human Services, United States of America
Kaushik Ramaiya, General Secretary, Tanzania Diabetes Association
Rifat Atun, Professor of Global Health Systems, Harvard University*
Nick Banatvala, Manager, UNIATF

**Organized by:**
Dina Tadros, Youth Representative*
Téa Collins, Adviser, Global Coordination Mechanism on NCDs, WHO

**Rapporteur:**
Bent Lautrup-Nielsen, Senior Adviser, World Diabetes Foundation

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* indicates those acting as facilitator of technical session
Plenary 6
Multistakeholder and multisectoral action: a means to unlock financing for NCDs

Chair/moderator:
Guy Fones, Acting Head, Secretariat of the WHO
Global Coordination Mechanism on Noncommunicable Diseases, WHO

Keynote speakers:
Nikolaj Gilbert, United Nations Office for Project Services (UNOPS)
Kristian Jensen, Minister of Finance, Denmark

Speakers:
H.R.H. Princess Dina Mired, Union for International Cancer Control
Bente Mikkelsen, Director a.i., Division of Noncommunicable Diseases and Promoting Health through the Life-course, WHO
Bagher Larijani, Deputy for Education and Vice President of Non-Communicable Diseases, Ministry of Health and Medical Education, Islamic Republic of Iran
Raquel Rosa, Director-General of Health, Ministry of Health, Uruguay
James Love, Director, Knowledge Ecology International
Mohammed Hamad Al Thani, Director of Public Health, Ministry of Public Health, Qatar
Sania Nishtar, Co-chair, WHO Independent High-level Commission on NCDs (video statement)

Organized by:
Guy Fones, Acting Head, Secretariat of the WHO
Global Coordination Mechanism on Noncommunicable Diseases, WHO

Rapporteur:
Jakob Sloth Madsen, Senior Programme Manager, World Diabetes Foundation

Call to action and closure of the meeting

Speakers/co-organizers:
Martin Bille Hermann, State Secretary for Development Policy, State Secretary for Development Policy, Denmark
Bente Mikkelsen, Director, Division of Noncommunicable Diseases and the Promotion of Health through the Life Course (A.I), WHO
Global Dialogue outcomes
The WHO Global Dialogue on Partnerships for Sustainable Financing of Noncommunicable Disease Prevention and Control, hosted by the Government of Denmark, brought together WHO Member States, United Nations system organizations, and non-State actors to explore new ways to address the critical gap in financing of national NCD responses.

During the course of the Dialogue, participants reviewed the progress made since 2011 in the provision of funding for national NCD responses through domestic, bilateral and multilateral channels. They emphasized the importance of strong and continuous national leadership by Heads of State and Government to significantly raise investments in NCD prevention and control to support the realization of target 3.4 of Sustainable Development Goal 3 – to reduce by one third premature mortality from NCDs by 2030 through prevention and treatment, and promote mental health and well-being.

The WHO Global Dialogue on Partnerships for Sustainable Financing of Noncommunicable Disease Prevention and Control, hosted by the Government of Denmark, brought together WHO Member States, United Nations system organizations, and non-State actors to explore new ways to address the critical gap in financing of national NCD responses.

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The Global Dialogue highlighted the urgent need for governments, development partners, United Nations system organizations and all relevant stakeholders to prioritize NCDs as an essential pillar of sustainable development.

NCDs (including cardiovascular diseases, cancer, chronic obstructive pulmonary disease, diabetes and mental conditions) and their shared risk factors (tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity, as well as air pollution) represent a hurdle to sustainable development due to their negative impact on macroeconomic productivity, national growth, health care costs and household incomes. Every year, over 40 million deaths globally are due to NCDs. The high level of premature mortality from NCDs – that is, deaths between the ages of 30 and 70 – is particularly alarming, killing women and men when they are most productive. According to WHO, 15 million people died prematurely from NCDs in 2016, and 85%, or 13 million, of these deaths took place in low- and middle-income countries.

The third United Nations General Assembly High-level Meeting on NCDs, taking place in September 2018, will call on global leaders to reflect on the financial investments necessary to accelerate progress of national NCD responses by 2030. As an input into deliberations around these investments, the Global Dialogue highlighted the urgent need for governments, development partners, United Nations system organizations and all relevant stakeholders to prioritize NCDs as an essential pillar of sustainable development and an integral part of countries’ efforts towards universal health coverage.

Some of the key messages heard at the Global Dialogue were the following:

- Reaching SDG target 3.4 in low- and middle-income countries will require bold changes in the way countries finance the development and implementation of national NCD responses.
- Two high-level meetings on NCDs raised political awareness of the problem, but did not trigger sufficient resource mobilization to translate the high-level political commitments into accelerated country-level action.
- Unless political action is accelerated in 2018, current rates of investments are not sufficient to meet SDG target 3.4 by 2030.
- Premature mortality from NCDs is avoidable through a combination of population-based and individual health measures ensured through universal health coverage of primary and secondary prevention, treatment and rehabilitation.
- Most countries have the capacity to mobilize sufficient domestic resources for comprehensive NCD prevention and control through improved tax systems and innovative financing mechanisms. When allocated efficiently and equitably, greater investments in health will result in lower health care costs in the long term.
Domestic financing alone will not be sufficient in countries with limited resources to finance national NCD responses and strengthen health systems. Therefore, catalytic development assistance for health will be required to complement other sources of funding.

While governments have the primary role and responsibility for responding to the challenge of NCDs, incentives will be needed for the private sector to support financing of national NCD responses. However, governments should pay due diligence in order to avoid any potential or perceived conflicts of interest and maximize the public health benefits.

The interlinked 2030 Agenda for Sustainable Development cannot be implemented without policy coherence across sectors and multisectoral, multistakeholder partnerships, as well as the actions, resources, knowledge, and expertise of non-State and international actors to complement the efforts of governments. Reaching SDG target 3.4 in low- and middle-income countries will require bold changes in the way countries finance the development and implementation of national NCD responses.

Therefore, in the lead-up to the Third High-level Meeting on the Prevention and Control of NCDs, the Dialogue elevated the need for bold action by governments, health and development agencies and relevant non-State actors, taking into account national realities, capacities, priorities, needs and levels of development, to ensure that no one is left behind.

In particular, the Global Dialogue stressed the need:

- for governments to exercise bold political leadership to increase domestic resources for comprehensive NCD prevention and control and embrace universal health coverage as an integrated approach for measuring progress towards SDG target 3.4;
- to expand the fiscal space for health through an increase in general tax revenues, improved efficiency and equity, and better prioritization of health in public sector budgets;
- to create an enabling legal and regulatory environment conducive to the implementation of evidence-based, cost-effective NCD interventions, such as the WHO Global NCD Action Plan “best buys” and other recommended interventions;
- to complement domestic resources with international cooperation, including official development assistance and other resources, with a focus on least developed countries, to increase health expenditure on prevention and control of NCDs, consistent with country needs and priorities;
- to promote and incentivize innovative and bold partnerships comprising financing and engagement of relevant non-State actors, including the private sector in public–private partnerships and philanthropies, to mobilize additional funds to address NCDs, while respecting country policies and priorities, and considering adequate management of conflicts of interest for the protection of public health.
The Global Dialogue recommendations are organized around the main themes of each plenary and operationalize the statements included in the high-level summary of the Global Dialogue.

### The role of partnerships and innovative financing to accelerate national NCD responses

**From high-level summary**

- Promote and incentivize innovative and bold partnerships comprising financing and engagement of relevant non-State actors, including the private sector in public–private partnerships and philanthropies, to mobilize additional funds to address NCDs, while respecting country policies and priorities, and considering adequate management of conflicts of interest for the protection of public health.

**Recommendations**

- Governments should mobilize private investments for the financing of national NCD responses, including through public–private partnerships, in order to accelerate the implementation of the 2030 Agenda for Sustainable Development and attain SDG target 3.4.

- Governments need to establish sound national statutory and regulatory frameworks to enable more concrete contributions from the diverse range of private sector entities to NCD prevention and control.

- Global public–private partnerships (e.g. the Global Fund, Gavi, the Vaccine Alliance, and UNITAID) with existing innovative financing models should build on their experience and make space for NCDs in providing a comprehensive package that includes NCD-related interventions.

### Development cooperation for NCDs: aligning and leveraging external and domestic resources to achieve SDG target 3.4

**From high-level summary**

- Complement domestic resources with international cooperation, including official development assistance and other resources, with a focus on least developed countries, to increase health expenditure on prevention and control of NCDs, consistent with country needs and priorities.

- Expand the fiscal space for health through an increase in general tax revenues, improved efficiency and equity, and better prioritization of health in public sector budgets.

**Recommendations**

**External finance**

- High-income countries should commit to contribute at least 0.15% of gross domestic product (GDP) to development assistance to health and establish clear, well defined and publicly available criteria for the allocation of resources with inputs from key relevant stakeholders, including civil society.

- Development partners should align their support with recipient countries’ national multisectoral NCD plans and strategies and strengthen the capacity of ministries of health to facilitate multisectoral and multistakeholder action for SDG target 3.4.

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• Governments should consider pooling external resources for health (including from the Global Fund, Gavi, the Vaccine Alliance, and the World Bank) and allocating funds to prevention and control of NCDs and their risk factors proportionate to the national NCD disease burden.

• Governments should recognize official development assistance for NCDs as a catalyst to mobilize domestic resources, both public and private, for the prevention and control of NCDs.

• Governments should develop NCD investment cases demonstrating high return on investment for NCD prevention and control in order to ensure prioritization and scale-up of NCD interventions.

• Governments should secure low-interest loans from financial institutions to address the NCD needs of vulnerable populations (e.g. refugees, pregnant women and children, the elderly, the poor and stigmatized communities).

**Domestic finance**

• Governments should devote at least 5% of GDP to health and ensure government expenditure per capita of at least US$ 86. Middle-income countries should be able to reach these targets without external assistance.2

• Governments should generate domestic revenues for health through improved and innovative taxation (e.g. financial transaction taxes).

• Excise taxes on tobacco, alcohol, sugar and carbon emissions, combined with measures to improve tax administration, reduce the consumption of these harmful products, improve public health and generate revenues at the same time.

• To increase government spending on health and other social sectors (underlying social determinants for NCDs), and ensure the implementation of the WHO “best buys” and other recommended interventions, investments are needed to improve tax compliance and administrative capacities.

• Resource-rich countries should consider maximizing their revenue through increasing taxation on natural resources and reducing subsidies on harmful products (e.g. fossil fuels) to spend on health and prevent NCDs.

According to WHO, 15 million people died prematurely from NCDs in 2016, and 85%, or 13 million, of these deaths took place in low- and middle-income countries.
Exploring synergies between financing national NCD responses and broader health systems strengthening efforts for universal health coverage

From high-level summary

- Governments exercise bold political leadership to increase domestic resources for comprehensive NCD prevention and control and embrace universal health coverage as an integrated approach for measuring progress towards SDG target 3.4.

- Create an enabling legal and regulatory environment conducive to the implementation of evidence-based, cost-effective NCD interventions, such as the WHO Global NCD Action Plan “best buys” and other recommended interventions.

Recommendations

- Governments should reaffirm their commitments made in the Montevideo Roadmap 2018–2030 on Noncommunicable Diseases as a Sustainable Development Priority, and in other high-level meetings, to significantly increase the financing of national NCD responses and international cooperation through domestic, bilateral and multilateral channels and take action to reduce the impact of NCDs on poverty and development.¹

- Governments, in consultation with civil society and international partners, should establish a formal priority-setting process for the allocation of health resources, including NCDs, that can energize and offer significant co-benefits to other areas of public health, such as maternal and child health, communicable diseases, health systems strengthening, and the social and environmental determinants of health.

- Governments should ensure that catastrophic out-of-pocket expenditure due to NCDs, driving households into poverty, is minimized, with out-of-pocket expenditure not exceeding 20% of total health expenditure, and no out-of-pocket expenditure for priority NCD services for the poor and other vulnerable groups.

- Governments should ensure the establishment of mandatory prepaid pooled funds for universal health coverage with full population coverage of comprehensive primary care, including the NCD “best buys” and, where appropriate, other recommended interventions.

- Governments should invest in strengthening legal and regulatory capacities, as well as monitoring and data collection systems for accountability and measuring the results.

- Governments should invest in health workforce development and improving the overall mix of different professional groups to ensure continuous and comprehensive NCD prevention and control.

Parallel session 2.1. Mobilizing resources for a joint United Nations system response to NCDs: the role of development cooperation

- The United Nations should use its unique mandate to advocate a multisectoral approach and provide technical support to Member States to develop comprehensive national NCD responses.

- A whole-of-United Nations response is required to support countries in scaling up their action on NCDs as part of the 2030 Agenda for Sustainable Development. The NCD-related SDG response requires multisectoral action: United Nations system agencies have significant opportunities to engage with different parts of government.

- Member States are increasingly demanding technical assistance and expertise to catalyse their national NCD responses and to develop sustainable and equitable health systems.

- The United Nations system has shown its ability to provide timely and effective support to governments on NCDs but it has the potential to do much more at global, regional and country levels.

- The United Nations Interagency Task Force on the Prevention and Control of NCDs provides an effective platform for bringing the United Nations system together to support countries in their efforts to overcome NCDs.

Parallel session 2.2. Mobilizing domestic resources for NCDs: learning from country experiences

- A comprehensive fiscal dialogue among key stakeholders (especially ministries of health and finance) that includes fostering a transparent, evidence-informed budget process is key for domestic resource mobilization for health and its successful and sustainable implementation.

- Taxes on tobacco use, harmful use of alcohol and unhealthy products (especially sugar-sweetened beverages) have proven to have great public health impact and significant positive potential to yield improved health outcomes, while having the added benefit of mobilizing domestic revenues. These are among the NCD "best buys" approved by the World Health Assembly in 2017. As such, consumption taxes can be part of a comprehensive financing approach to help address the funding challenges of national NCD responses.

- Earmarking tax revenues for health purposes can improve political acceptability for introducing new or increasing tax rates on tobacco and unhealthy products, with revenues deployed to support programmes for health behaviour change, such as reduced tobacco use, or to cover certain underserved populations, conditions, and areas, such as health promotion.

- Involvement of civil society is key. If society is on our side, we can win the case. It is important for civil society to understand the importance and benefit of health promotion, and to exercise its potential to influence the political will.

Parallel session 2.3. How to harness the power of the private sector to implement national NCD responses

- New business models should be based on long-term commitments and government ownership or endorsement, for example through alignment with national NCD response frameworks.

- Private sector engagement can be incentivized by well-defined NCD response frameworks and a verbalized need by national stakeholders, while acknowledging “win–win” perspectives from different angles: public health, as well as commercial.

- Country coordination mechanisms for technical guidance to country authorities on managing resource flows and international support towards NCD responses would stimulate platforms for further private sector engagement,
while also ensuring adequate governance and control. New WHO work on private sector engagement frameworks would be instrumental in producing much-needed country-level guidance.

- Numerous successful long-term public–private partnerships for NCD response exist whereby philanthropic entities, the private sector, bilateral development programmes, and national and international civil society organizations are supporting governments and ministries of health in implementing national NCD responses. These examples should be further codified, analysed, disseminated, and outlined for scaling up.

**Parallel session 2.4. Measuring resource flows into NCDs: current trends and projections**

- Work should be done to understand the role of private sector resources to support the NCD agenda and the return on the investment.

- The HIV/AIDS area offers an informative template for undertaking expenditure reviews, which must be carried out at a detailed level. This is not purely a health sector issue, and there is a need to adopt a cross-sectoral approach.

**Parallel session 3.1. Political economy of universal health coverage for NCDs: what are the necessary economic, social and political preconditions to make universal health coverage for NCDs a realistic goal for all?**

- Successful universal health coverage implementation goes hand in hand with NCD prevention, management and treatment.

- Universal health coverage can only be achieved through a multisectoral needs assessment, and adopting an evidence-based approach in proposing solutions and implementing appropriate measures.

- An emphasis on prevention is required in least developed countries.

- More research and modelling is needed to design optimal universal health coverage plans for each country.

**Parallel session 3.2. Investing in innovative service delivery models towards integrated person-centred care for NCDs**

- Integration of NCDs into existing health programmes aims to result in better and more holistic patient care, prevention and treatment outcomes, while avoiding duplication of efforts and addressing prevention and treatment of diseases along with their shared risk factors in a simultaneous and integrated manner.

- Cost-effective and high-impact “best buy” interventions to prevent and control NCDs are available and, at individual level, they cost next to nothing. In order to ensure that these interventions are delivered in an efficient and effective manner and have the desired impact, especially in light of the prevailing economic difficulties, an integrated approach is necessary.

- Integration of NCD with other health initiatives and programmes is a dynamic process with multiple dimensions, and should be a continuous process of context-specific balance between horizontal and vertical integration of, and linkages and synergies within, health services. Different approaches to integration can be used, although integrating NCD interventions into the health system based on primary health care remains the best model.

- Integration of mental health in NCD and other health programmes and improving access to mental health care will reduce policy fragmentation, and will create synergies in support of achieving SDG target 3.4.

**Parallel session 3.3. Building the investment case for NCD prevention and control**

- A full investment case consists of an economic analysis and an institutional context analysis. They are tailor made for each country, using the country’s own epidemiological and economic data.

- Investment cases have been used with success by governments and development partners to articulate the case for mobilizing political commitment and financial resources for health and development, but only recently for NCDs. They are important for demonstrating the return on investment of interventions that prevent and control NCDs.
• The indirect costs of NCDs are generally much higher than the direct costs. The externalities of the health-related costs borne directly by the health system are distributed across a government’s budget and society.

• For diet-related NCDs, investments to support healthier food systems are at hand for countries that wish to implement the Framework for Action of the Second International Conference on Nutrition, Rome, 19–21 November 2014. Investments to improve nutrition and health range from large-scale infrastructure improvements to small-scale technical and marketing support, and should be complemented by regulatory and voluntary measures, consumer education and incentives.

• Public investments should be aligned with other social goals. Too often, agricultural and industrial policies ignore the social and health implications of their expenditures. Governments are responsible for increasing social well-being and should align investment policies towards that end.

Parallel session 3.4. Cost-effective and feasible solutions: WHO “best buys”

• The “best buys” for NCDs are the most cost-effective and feasible policies and interventions for countries to implement.

• Maximizing the impact of every dollar spent is crucial if we are to tackle NCDs.

• Effective fiscal strategies are required to ensure solid and sustainable impact.

Partnership forum 1. Scaling up digital health for NCDs: leaving no one behind

• Digital technology is an increasingly important element of public health. It has significant potential to connect new audiences with NCD-related information and services.

• Ensuring equitable digital access will involve new models of collaboration between governments, populations and the private sector. There needs to be greater dialogue about the requirements of each in order to help develop solutions that can achieve scale and reach their target users. Consensus about common standards will help ensure consistent quality across different interventions.

• Be He@lthy, Be Mobile is a joint initiative between the International Telecommunication Union and WHO created following the 2011 United Nations Political Declaration on NCDs, which called for more innovations to address chronic disease prevention and management and more public and private sector partnerships. The initiative supports governments to scale up national mHealth programmes by implementing text-based messaging initiatives, thereby building country capacity for advanced digital health programmes. Be He@lthy, Be Mobile supports programmes on a range of disease areas and risk factors, such as tobacco, cervical cancer, hypertension, and diabetes, as well as co-morbidities, such as TB and tobacco, and NCDs and healthy ageing. Be He@lthy, Be Mobile provides countries with all necessary information to plan, implement and maintain an mHealth programme from the beginning (through toolkits and continued country support).

Partnership forum 2. NCDs and mental health in emergencies: beyond current financing

• While it has been acknowledged that NCDs are not just a problem of the developed world, but also present a growing challenge in low- and middle-income countries, there is still a need to build consensus on the importance of addressing NCDs and mental health in emergencies, shaping an agenda of work that reflects the priorities of countries in emergency situations.

• In addressing NCDs and mental health in emergencies, appropriate measures should be integrated into the existing humanitarian landscape, emergency operating frameworks and procedures across the various phases of the emergency cycle, from preparedness to response to recovery.

• There is a need to further develop standards, normative guidance, tools and service packages for NCD management in emergencies, drawing on and taking stock of current and past humanitarian responses.

• The main concern for people affected by NCDs in emergency settings is the lack of continuity of care. This can be accommodated by strengthening and scaling up the use of existing primary health care systems in emergency settings, while avoiding, to the extent possible, building parallel systems of care for NCDs.

• An accountability framework and indicators should be developed to monitor, evaluate and report on the performance of NCD- and mental health-related emergency responses.
Partnership forum 3. A vital investment: scaling up health workforce for NCDs

- The demand for health workers is expected to increase in the coming years, with a projected shortfall of 18 million health workers, primarily in low- and lower middle-income countries, by 2030. Decent working conditions will attract more health professionals and act as a retention strategy.

- Building strategies to address current and anticipated health workforce shortages should start today, and should include a step-by-step plan for each specialty, rather than general principles. Local authorities and individual hospitals can and should be encouraged to develop solutions.

- The collection and analysis of reliable data on human resources for health in terms of needs, demand and supply at a national level should be incentivized, as well as ensuring the tracking of migration trends for improved planning and accountability.

- Only through a strong health care system with well trained and equipped health professionals can we increase the health of the population and fight the burden of NCDs. NCD competencies and social accountability should be part of every health professional’s training curriculum. In this regard, it is important to improve the governance of education institutions and to develop regulatory mechanisms for accreditation and quality assurance, as well as to ensure their consistent implementation.

Partnership forum 4. Accelerating access to medicines and new technologies in low- and middle-income countries: viable models for innovative partnerships

- Barriers to the secure supply of NCD medicines and products are complex and involve an array of factors, including the adequacy of financial resources, the strength of the health system (particularly at the primary care level), supply management, and advocacy. These barriers cannot be overcome by any individual or entity acting alone.

- Collective impact approaches and innovative partnerships are essential to develop sustainable solutions.

- Alignment with national strategies and the interests of governments and decision-makers is essential to the success of country-level interventions.

- Conflicts of interest of industries that manufacture or trade in harmful products need to be recognized and managed.

Partnership forum 5. Advocacy for resource mobilization for NCDs: the role of civil society for holding stakeholders accountable

- Civil society is a key stakeholder in mobilizing resources for NCD prevention and control at all levels – local, national, and global.

- Successes in country must be highlighted at global forums to demonstrate how investing in the prevention and control of NCDs is cost-effective and implementable, and yields returns.

- Civil society is able to mobilize resources in innovative ways, and create links between NCDs and other sustainable development priorities.

- Lack of data on investment of resources for NCDs makes tracking resource mobilization for NCDs difficult; strengthened data collection and monitoring helps civil society hold governments and other stakeholders to account.

Partnership forum 6. Creating a shared value: aligning commercial and public health interests to tackle NCDs

- There is a need for a much broader understanding of the range of private sector actors, as well as identification of those whose interest can align with public health to engage in the ambitious SDG agenda and to create partnership frameworks and incentives that facilitate effective collaboration and can support government performance on NCD prevention and control.

- There is a need to work on companies’ strategic and profitability goals so they align with public health objectives, on ethical investment strategies, and on regular reporting on the ethical and health dimensions of the global consumer markets, especially in relation to WHO’s “best buys”.

- The financial services sector – including impact investors and insurance companies – can help governments to mobilize funding and private sector engagement on NCDs. This is critical in view of the US$ 2.5 trillion annual funding gap that must be closed to achieve the SDG agenda.
Annexes
ANNEX 1. PLENARY SPEECHES AND PRESENTATIONS

Opening ceremony

Welcome speech by Martin Bille Hermann,
Secretary of State for Development Policy, Denmark
Opening address by H.R.H. Crown Princess Mary of Denmark
Opening address by Ulla Ternes,
Minister of Development Cooperation, Denmark
Opening address by Svetlana Akselrod
Assistant Director-General, Noncommunicable Diseases
and Mental Health, WHO
Opening address by Bente Mikkelsen
Bente Mikkelsen, Director a.i., Division of Noncommunicable
Diseases and Promoting Health through the Life-course,
WHO Regional Office for Europe
Opening address by Dina Tadros
Youth Representative

Plenary 1

Setting the stage: the role of partnerships
and innovative financing to accelerate national
NCD responses

Keynote presentation by Rifat Atun
Professor of Global Health Systems, T.H. Chan School of Public
Health, Harvard University, Boston, MA, United States
Presentation by Agnes Soucat
WHO
Presentation by Francine H.K. Ouedraogo Douamba
Ministry of Health, Burkina Faso
Presentation by Waleed Almanea
Ministry of Health, Bahrain

Plenary 2

Development cooperation for NCDs: aligning
and leveraging domestic and external resources
to achieve SDG target 3.4

Presentation by Téa Collins
Adviser, Global Coordination Mechanism on NCD Prevention
and Control, WHO
Presentation by Erika Placella
Health Adviser, Swiss Agency for Development
and Cooperation
Presentation by Olayemi Cardoso
Chairman of the Board of Directors, Citibank Nigeria
Video message by Tim Evans
Senior Director, Health, Nutrition and Population, World Bank
(transcription pdf)

Parallel session 2.1

Mobilizing resources for a joint United Nations
system response to NCDs: the role of development
cooperation

Presentations:
Nicholas Banatvala - Bollyky

Parallel session 2.2

Mobilizing domestic resources for NCDs:
learning from country experiences

Carlos Lula - A brief story about the cancer fund experience
Agnes Soucat - Sustainable financing for NCDs (setting the
scene)

Parallel session 2.3

How to harness the power of the private sector
to implement national NCD responses

Kaushik Ramiaya - Tanzania Diabetes Association
Stephane Besançon - Diabetes care in Mali
Andrea Atzori - Doctors with Africa

Note: This section includes speeches and PowerPoint presentations only.
The valuable contributions of other panellists are reflected throughout the Global Dialogue report.
Parallel session 2.4
Measuring resource flows into NCDs: current trends and projections

Presentations:
Hafeez Ladha - Financing Alliance for Health
Brenda Killen - New NCD data tracking codes

Plenary session 3
Exploring synergies between financing national NCD responses and broader health systems strengthening efforts for universal health coverage

Presentations:
Rachel Nugent, RTI International

Parallel session 3.3
Building the investment case for NCD prevention and control

Presentations:
Stineke Oenema - Nutrition Decade
Robert Tripp - Conference of the Parties
Douglas Webb - NCDs Investment Cases

Parallel session 3.4
Cost-effective and feasible solutions: WHO “best buys”

Presentations:
Thaksaphon Thamarangsi - Investment for “Best Buys”

Partnership forum 2
NCDs and mental health in emergencies: beyond current financing

Presentations:
Slim Slama - NCD Emergency Kit (version with video)
Chisholm - NCD emergencies Intro
Slim Slama - NCD Emergency Kit (light version)

Documents:
The Development of a non-communicable diseases emergency health kit - EMHJ
WHO sending NCDs medicines and materials kits to humanitarian crises (video, mp4)

Partnership forum 3
A vital investment: scaling up health workforce for NCDs

Presentations:
Isabel Jacinto - Answers to PF3 key questions
Patrick Kupelian - Answers to PF3 key questions
Isabel Jacinto - The role of pharmacists
IFMSA - Answers to PF3 key questions
Francesca Celletti - Presentation
Andreas Rudkjoeing - Answers to PF3 key questions

Documents:
A New Pharmacy Model CESOP
Plenary 5

Multistakeholder and multisectoral action: a means to unlock financing for NCDs

Video message by Sania Nishtar
Co-chair, WHO Independent High-level Commission on NCDs

Keynote speech by Grete Faremo
Undersecretary General, UNOPS (delivered by Nikolaj Gilbert)

Keynote speech by Kristian Jensen
Minister of Finance, Denmark

Summary presentation by Guy Fones
WHO

Presentation by Bagher Larijani
Ministry of Health and Medical Education, Islamic Republic of Iran

Presentation by James Love
Knowledge Ecology International

Presentation by Mohammed Hamad Al Thani
Ministry of Public Health, Qatar

Call to action and closure of the meeting

Closing address by Bente Mikkelsen
WHO

Closing address by Martin Bille Hermann
Secretary of State for Development Policy, Denmark

Presentations:

Youth Innovation Lab - Health coins

Documents:

Solutions proposed by the Youth Innovation Lab talents

Note: This section includes speeches and PowerPoint presentations only. The valuable contributions of other panellists are reflected throughout the Global Dialogue report.
### List of participants

#### Royalty

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<tr>
<th>Country</th>
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<tbody>
<tr>
<td>Denmark</td>
<td>Her Royal Highness Crown Princess Mary Elizabeth of Denmark</td>
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</table>
| Jordan | Her Royal Highness Princess Dina Mired of Jordan  
President-Elect, Union for International Cancer Control (UICC) |

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Directeur des Finances et des Moyens  
Ministère de la Santé, de la population et de la réforme hospitalière |
| Argentina | Dr. Adolfo Rubinstein  
Ministro de Salud  
Ministerio de Salud  
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## ANNEX 2. PARTICIPANTS AND LISTINGS

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Conseiller Technique au Budget  
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### ANNEX 2. PARTICIPANTS AND LISTINGS

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## ANNEX 2. PARTICIPANTS AND LISTINGS

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<td></td>
<td>Dr Marina Popovich</td>
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Mr Nobert Machinjike
Principal Economist
Ministry of Finance and International Trade
## United Nations and related organizations

<table>
<thead>
<tr>
<th>Name</th>
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<th>Organization</th>
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<tr>
<td><strong>Ms Carlotta Barcaro</strong></td>
<td>Corporate Research Manager</td>
<td>United Nations Children’s Fund (UNICEF)</td>
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<tr>
<td><strong>Mr Mukul Bhola</strong></td>
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<tr>
<td><strong>Ms Grete Faremo</strong></td>
<td>Under-Secretary-General and Executive Director</td>
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<tr>
<td><strong>Mr Nikolaj Gilbert</strong></td>
<td>Partnerships Director</td>
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<tr>
<td><strong>Mr Moin Karim</strong></td>
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<tr>
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## ANNEX 2. PARTICIPANTS AND LISTINGS

### Intergovernmental organizations

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<th>Position and Organization</th>
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<tr>
<td>Ms Brenda Killen</td>
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<td>Mr Pierre Roca</td>
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### Other participants

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<tr>
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<td>Dr Kamran Abbasi</td>
<td>Executive Editor&lt;br&gt;BMJ</td>
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<td>Deputy Chief Executive&lt;br&gt;NCD Alliance</td>
</tr>
<tr>
<td>Mr A R M Mehrab Ali</td>
<td>Youth Innovation Lab</td>
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<tr>
<td>Dr Amal Al Muraikhi</td>
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<td></td>
<td>Fund for Development</td>
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<td></td>
<td>Doctors with Africa Cuamm</td>
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<td>Mr Oystein Bakke</td>
<td>Secretary</td>
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<td>Geneva Representative</td>
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<td>Knowledge Ecology International</td>
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<tr>
<td>Dr Eduardo Banzon</td>
<td>Principal Health Specialist</td>
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<td></td>
<td>Sanofi, International Federation of Pharmaceutical Manufacturers &amp; Associations (IFPMA)</td>
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<td>Ms Florence Berteletti</td>
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<tr>
<td>Ms Benita Bertram</td>
<td>Director, Strategy and Operations</td>
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<tr>
<td>Mr Stephane Besançon</td>
<td>Chief Executive Officer</td>
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<td>NGO Santé Diabète</td>
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<td>Ms Jill Birnbaum</td>
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<tr>
<td>Mr Thomas Bollyky</td>
<td>Senior Fellow Council on Foreign Relations</td>
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<td>Mr Mikael Bonde Nielsen</td>
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<td>Dr Francesca Celletti</td>
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<tr>
<td>Professor Abdallah Daar</td>
<td>Board Member World Diabetes Foundation</td>
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<td>Ms Katie Dain</td>
<td>Chief Executive Officer NCD Alliance</td>
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<td>Mrs Tamari Dakhundaridze</td>
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<td>Dr Damiano de Felice</td>
<td>Director of Strategy Access to Medicine Foundation</td>
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<td>Ms Amy Eussen</td>
<td>Chair Elect NCD Child</td>
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<tr>
<td>Dr Mychelle Farmer</td>
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<td>Ms Amira Ghouaibi</td>
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<td>Ms Celina Gorre</td>
<td>Executive Director, Global Alliance for Chronic Diseases</td>
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<td>Ms Mia Grupper</td>
<td>Executive Director, World Stroke Organization</td>
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<tr>
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<td>Mrs Marie Hauerslev</td>
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<td>Mrs Anna Holm Loekke</td>
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<td>Professor of Health Economics George Institute for Global Health</td>
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<td>Director of Programs Young Professionals Chronic Disease Network</td>
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<td>Mr Thusitha Darshana Kahaduwage</td>
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<td>Ms Priya Kanayson</td>
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<td>Dr Mukesh Kapila</td>
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<td>Dr Anil Kapur</td>
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<td>Mr David Karorero</td>
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<td>Dr Ishu Kataria</td>
<td>Public Health Researcher Young Professionals Chronic Disease Network</td>
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<td>Mr Ahmed Ibrahim Mohamed Elsayed Khedr</td>
<td>Youth Innovation Lab</td>
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<td>Professor Ilona Kickbusch</td>
<td>Director Global Health Centre</td>
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<td>Mr Tryggve Kielland</td>
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<td>Norwegian Cancer Society</td>
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<td>Professor Jonathan Klein</td>
<td>Immediate Past-Chair, NCD Child</td>
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<td>Mr Grega Kumer</td>
<td>Head of Director-General Office</td>
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<td>Professor Patrick Kupelian</td>
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<td>Mr Hafeez Ladha</td>
<td>Director, Innovative Finance</td>
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<td>Financing Alliance for Health</td>
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<tr>
<td>Mr Julien Lafleur</td>
<td>Deputy Secretary General</td>
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<td>International Food &amp; Beverage Alliance</td>
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<td>Mr Bent Lautrup-Nielsen</td>
<td>Senior Adviser</td>
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<td>Ms Maria Lentz Nielsen</td>
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<tr>
<td>Ms Erica Levine</td>
<td>Program Manager</td>
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<td>Arnhold Institute for Global Health at Mount Sinai School of Medicine</td>
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<tr>
<td>Mrs Helena Levison</td>
<td>Youth Innovation Lab</td>
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<td>Name</td>
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<tr>
<td>Ms Erin Little</td>
<td>Executive Director, Young Professionals Chronic Disease Network</td>
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<td>Mr Chenchao Liu</td>
<td>Youth Innovation Lab</td>
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<td>Mr James Love</td>
<td>Director, Knowledge Ecology International</td>
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<tr>
<td>Mr Niels Lund</td>
<td>Vice President, Health Advocacy, Novo Nordisk, IFPMA</td>
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<tr>
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<td>Ms Camille Mary</td>
<td>Administrative-Financial Manager, NGO Sante Diabete</td>
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<td>Ms Helen McGuire</td>
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<td>Ms Helen Medina</td>
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<tr>
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<td>Mr George Leonard Msengi</td>
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<tr>
<td>Dr Mellany Murgor</td>
<td>Africa Director, Youth Innovation Lab</td>
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<td>Professor Bo Norrving</td>
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<tr>
<td>Mr James Pfitzer</td>
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<td>Mr Andersson Pierre</td>
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<tr>
<td>Ms Anne Lise Ryel</td>
<td>Secretary General, Norwegian Cancer Society</td>
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<td>Ms Rhea Saksena</td>
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<td>Dr Jennifer Sargent</td>
<td>Senior Editor, The Lancet</td>
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<td>Professor Franco Sassi</td>
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<td>Dr George Shakarishvili</td>
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<td>Ms Laura Solia Shellaby</td>
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<td>Ms Kristina Sperkova</td>
<td>President, IOGT International</td>
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<td>Dr Singh Sudhvir</td>
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<td>Mr Stig Tackmann</td>
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<td>Ms Dina Tadros</td>
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<tr>
<td>Dr Julia Tainijoki Seyer</td>
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<tr>
<td>Ms Rowena Tasker</td>
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<td>Mr Francis Thompson</td>
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<td>Mr Armstrong Ntiabang Tih</td>
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<td>Mrs Julie Traerup</td>
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<td>Mr Alan Trager</td>
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<td>Ms Chinwendu Genevieve Ukachukwu</td>
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<td>Mrs Hans Uldal</td>
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<tr>
<td>Mr Baptiste Vasey</td>
<td>Fellow</td>
<td>Mercator Fellowship on International Affairs</td>
</tr>
<tr>
<td>Mrs Mirjam Wajsberg</td>
<td></td>
<td>Youth Innovation Lab</td>
</tr>
<tr>
<td>Mr Alastair White</td>
<td>Policy &amp; Advocacy Officer</td>
<td>World Heart Federation</td>
</tr>
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### ANNEX 2. PARTICIPANTS AND LISTINGS

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<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td><strong>Dr Si Thu Win Tin</strong></td>
<td>NCD Team Leader&lt;br&gt;Pacific Community (SPC)</td>
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<tr>
<td><strong>Ms Yifan Zhu</strong></td>
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<td><strong>WHO Secretariat</strong></td>
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<tr>
<td><strong>Dr Francesco Branca</strong></td>
<td>Director, Nutrition for Health and Development</td>
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<tr>
<td><strong>Dr Anselm Joseph Mark Hennis</strong></td>
<td>Director, Noncommunicable Diseases and Mental Health</td>
</tr>
<tr>
<td><strong>Dr Hans Henri Kluge</strong></td>
<td>Director, Health Systems and Public Health Regional Office for Europe</td>
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<tr>
<td><strong>Dr Bente Mikkelsen</strong></td>
<td>Bente Mikkelsen, Director a.i., Division of Noncommunicable Diseases and Promoting Health through the Life-course&lt;br&gt;Regional Office for Europe</td>
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<td><strong>Dr Agnes Soucat</strong></td>
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<td>Acting Head, Secretariat of the WHO Global Coordination Mechanism on Noncommunicable Diseases</td>
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<td><strong>Mrs Marge Reinap</strong></td>
<td>Head of WHO Country Office, Estonia</td>
</tr>
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</table>
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<table>
<thead>
<tr>
<th>Name</th>
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</tr>
</thead>
</table>
| Dr Joao Joaquim Rodrigues Da Silva Breda | Head, Integrated Prevention and Control of NCDs  
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| Dr Katia De Pinho Campos      | Coordinator, Noncommunicable Diseases & Determinants of Health  
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| Dr Jill Farrington            | Coordinator, Senior Technical Officer, Integrated Prevention and Control of Noncommunicable Diseases  
Regional Office for Europe (EURO) |
| Mr Jeremias Jr Paul           | Coordinator, Tobacco Control                                                      |
| Dr Nicholas Banatvala         | Manager, United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases |
| Ms Melanie Bertram            | Technical Officer, Economic Analysis and Evaluation                                |
| Dr Daniel Chisholm            | Programme Manager for Mental Health  
Regional Office for Europe                                                        |
| Mr David Clarke               | Team Leader, UHC and Health Systems Law                                            |
| Dr Téa Collins                | Adviser, Secretariat of the WHO Global Coordination Mechanism on Noncommunicable Diseases |
| Ms Nicoletta De Lissandri     | Assistant to Director, Secretariat of the WHO Global Coordination Mechanism on Noncommunicable Diseases |
| Dr Gwenael Dhaene             | Health Systems Adviser, Health Systems Governance and Financing                     |
| Mrs Amelie Keller             | Intern  
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<td>Mrs Tina Charlotte Kiaer</td>
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<td></td>
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<td>App Manager, Evidence and Programme Guidance</td>
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<tr>
<td>Dr Ricardo Xavier Martinez</td>
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<td>Mrs Kristina Mauer Stender</td>
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<td>Regional Office for Eastern Mediterranean (EMRO)</td>
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<td>Senior Adviser, External Relations &amp; Partnerships</td>
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<td>Regional Office for the Americas (AMRO)</td>
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ANNEX 2. PARTICIPANTS AND LISTINGS

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WHO Regional Office for Europe

Birgitte Mossin Bronden (Co-chair)  
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Menno Van Hilten  
Assistant Director-General’s Office
ANNEX 2. PARTICIPANTS AND LISTINGS

Members of WHO Global Dialogue Programme Committee

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Téa Collins (Chair, Global Dialogue Coordinator)</td>
<td>Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases (GCM/NCD)</td>
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<tr>
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<td>Steven Shongwe</td>
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<tr>
<td>Slim Slama</td>
<td>Regional Office for the Eastern Mediterranean</td>
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<tr>
<td>Tatiana Vorovchenko</td>
<td>Assistant Director-General’s Office</td>
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### Advisory Committee

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Katie Dain (Co-chair)</td>
<td>NCD Alliance</td>
</tr>
<tr>
<td>Bent Lautrup-Nielsen (Co-chair)</td>
<td>World Diabetes Foundation</td>
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<tr>
<td>Benita Bertram</td>
<td>World Diabetes Foundation</td>
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<tr>
<td>Vanessa Candeias</td>
<td>World Economic Forum</td>
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<tr>
<td>Priya Kanayson</td>
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<td>Grega Kumer</td>
<td>International Federation of Pharmaceutical Manufacturers &amp; Associations (IFPMA)</td>
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<tr>
<td>James Pfitzer</td>
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Conference Secretariat

Téa Collins
Corinne Desfarges
Guy Fones
Sophie Genay-Diliautas
Nicoletta de Lissandri
Daniel Míc
Line Neerup Handlos
Dina Tadros
Hannah Todd
Baptiste Vasey
More than 300 participants from over 56 countries, including governments, United Nations agencies and non-State actors, came together on 9–11 April 2018 in Copenhagen, Denmark.
ANNEX 3. IMAGE GALLERY

Participants convened to discuss how collective efforts and innovative approaches can accelerate the implementation of high-level political commitments for the achievement of the Sustainable Development Goals.
Participants expressed that while traditional funding patterns and public-private partnerships are critical for mobilizing resources, innovative and alternative sources and partnership modalities for collaboration also need to be considered.
ANNEX 3. IMAGE GALLERY
The Government of Denmark announced its commitment to support the Defeat-NCD Partnership and set up an SDG fund to secure the implementation of the 2030 Agenda for Sustainable Development, focusing on the challenges that low- and middle-income countries face.
ANNEX 3. IMAGE GALLERY
The Global Dialogue provided an effective platform to launch the Lancet series on NCDs and economics.
ANNEX 3. IMAGE GALLERY
The Dialogue reiterated the fact that public resources are not sufficient to overcome the NCD challenge and incentives are needed for the private sector to support financing of national NCD responses.