



Αρ.Πρωτ. 1174, Φ 47, 45, εξ.

Αθήνα 19 Ιουλίου 2018

**Προς τον Αξιότιμο Πρόεδρο της Δημοκρατίας
κ. Προκόπη Παυλόπουλο**

**Προς τον Αξιότιμο Πρωθυπουργό
κ. Αλέξη Τσίπρα**

**Προς τον Αξιότιμο Υπουργό Υγείας
κ. Ανδρέα Ξανθό**

**ΘΕΜΑ: ΕΛΛΗΝΙΚΗ απάντηση στο Προσχέδιο Πολιτικής Δήλωσης για τα Μη
Μεταδιδόμενα Νοσήματα (NCDs)**

Αξιότιμε κύριε Πρόεδρε,

Αξιότιμε κύριε Πρωθυπουργέ,

Αξιότιμε κύριε Υπουργέ,

Σας απευθύνουμε αυτή την επιστολή εκ μέρους της Ελληνικής Οδοντιατρικής Ομοσπονδίας, της Παγκόσμιας Οδοντιατρικής Ομοσπονδίας (World Dental Federation/FDI) και της Διεθνούς Ομοσπονδίας για την Οδοντιατρική Έρευνα (Association for Dental Research/IADR), αναφορικά με το πρωτόλειο Σχέδιο Πολιτικής Δήλωσης 2018 των Ηνωμένων Εθνών σχετικά με τα Μη Μεταδιδόμενα Νοσήματα/MMN (*first Zero Draft of the 2018 United Nations (UN) Political Declaration on non-communicable diseases - NCDs*).

Έχουμε δεσμευτεί να συνεισφέρουμε με ένα άρτιο και ισχυρό έγγραφο που θα μειώνει ουσιαστικά το βάρος των στοματικών νοσημάτων και άλλων Μη Μεταδιδόμενων Νοσημάτων. και η δική Σας συμβολή για το Προσχέδιο είναι κομβική.

Η στοματική υγεία αποτελεί μια προτεραιότητα για την υγεία και την ανάπτυξη που δεν μπορεί πλέον να αγνοείται. Μολονότι τα στοματικά νοσήματα, όπως η οδοντική τερηδόνα, τα νοσήματα του περιοδοντίου και ο καρκίνος του στόματος, μπορούν σε μεγάλο βαθμό να προληφθούν, συγκαταλέγονται μεταξύ των πιο συνηθισμένων και ευρέως διαδεδομένων ασθενειών που πλήττουν την ανθρωπότητα.

Τα στοματικά νοσήματα, εξ άλλου, μοιράζονται πολλούς από τους ίδιους παράγοντες κινδύνου και τα κοινωνικά χαρακτηριστικά που συσχετίζονται με πάνω από 100 άλλα MMN. Αυτοί οι κοινοί παράγοντες κινδύνου περιλαμβάνουν τη χρήση καπνού, τη βλαβερή κατανάλωση αλκοόλ, την ανθυγιεινή διατροφή - ιδιαιτέρως δε τη διατροφή με υψηλή περιεκτικότητα ζάχαρης - και την έλλειψη αξιόπιστης πρόσβασης σε υπηρεσίες υγειονομικής περίθαλψης. Η ελάφρυνση του βάρους των στοματικών νοσημάτων και των MMN, κατά συνέπεια, απαιτεί μια ολιστική πολιτική απάντηση που θα αντιμετωπίζει τους κοινούς αυτούς παράγοντες κινδύνου με έναν τρόπο ενιαίο, συνολικό και ολοκληρωμένο.

Όμως, αφού επανεξετάσαμε το πρώτο Προσχέδιο, ανησυχούμε εξαιρετικά καθότι το έγγραφο δεν ενσωματώνει επαρκώς τις προοπτικές της στοματικής υγείας μέσα στο ευρύτερο πλαίσιο πολιτικής ελέγχου και πρόληψης των MMN. Σας χρειαζόμαστε κατεπειγόντως να συνδράμετε και να πρωτοστατήσετε ώστε να αλλάξουμε την κατάσταση αυτή. Σας απευθύνουμε έκκληση να φροντίσετε να ακουστεί η άποψή σας και να ληφθούν τα δέοντα μέτρα ώστε να διασφαλίσουμε ότι η σημερινή μορφή του Προσχεδίου θα αλλάξει.

Στη συνέχεια, έχουμε κωδικοποιήσει τρεις κομβικούς τομείς προτεραιότητας που πρέπει να ενσωματωθούν στην τελική εκδοχή του εγγράφου μαζί με τις προτεινόμενες αλλαγές στο κείμενο. **Δείτε παρακαλούμε το Παράρτημα 1 για τον πλήρη κατάλογο των συστάσεων μας.**

1. Αναγνώριση στοματικών νοσημάτων και άλλων ομάδων MMN

Το προσχέδιο αυτή τη στιγμή αναφέρεται μόνο στα τέσσερα κυριότερα MMN και στην ψυχική υγεία. Είναι, ωστόσο, θέμα ζωτικής σημασίας στην τελική εκδοχή του κειμένου να αναγνωρίζεται ότι υπάρχει ένα φάσμα MMN (μεταξύ των οποίων και τα στοματικά νοσήματα) που συνδέονται στενά με τα τέσσερα κυρίαρχα MMN με κοινούς παράγοντες κινδύνου όπως είναι η χρήση καπνού, η βλαβερή κατανάλωση αλκοόλ και η ανθυγιεινή διατροφή.

Προτείνουμε μετ' επιτάσεως ότι η γλώσσα που θα χρησιμοποιηθεί στην τελική εκδοχή του εγγράφου θα πρέπει να ευθυγραμμίζεται με την πρόσφατη Έκθεση της Ανεξάρτητης Επιτροπής Υψηλού Επιπέδου του ΠΟΥ για τα MMN (*Time to deliver*), η οποία αναγνωρίζει τη σημασία της αντιμετώπισης άλλων ομάδων MMN πέραν των τεσσάρων βασικών:

«Υπάρχουν πολλές άλλες παθήσεις μεγάλης σημασίας για τη δημόσια υγεία που συνδέονται στενά με τα τέσσερα κυρίαρχα MMN. Σε αυτά περιλαμβάνονται και άλλα MMN, όπως: νεφρικές, ενδοκρινολογικές, νευρολογικές, αιματολογικές, γαστρεντερολογικές, ηπατικές, μυοσκελετικές, δερματικές και στοματικές παθήσεις όπως και γενετικές διαταραχές · ψυχικές διαταραχές και διαταραχές χρήσης ουσιών ·

αναπηρίες, περιλαμβανομένης της τύφλωσης και της κώφωσης * όπως και η βία και οι τραυματισμοί».

Η Έκθεση του ΠΟΥ «Time to deliver» κατ' αυτόν τον τρόπο βασίζεται πάνω στην Πολιτική Δήλωση των Ηνωμένων Εθνών του 2011, στην οποία αναγνωρίζονταν και άλλα MMN επίσης. Ειδικότερα, στο Άρθρο 19 της Πολιτικής Δήλωσης Η.Ε. του 2011 που δήλωνε ότι «ασθένειες των νεφρών, του στόματος και των οφθαλμών προσθέτουν ένα μείζον βάρος υγείας για πολλές χώρες και αυτές οι ασθένειες μοιράζονται κοινούς παράγοντες κινδύνου και μπορούν να ωφεληθούν από την κοινή αντιμετώπιση των MMN».

2. Καθιέρωση μηχανισμού λογοδοσίας και παρακολούθησης για την ανάληψη δεσμεύσεων για τα MMN και την ανάληψη δεσμεύσεων για τη στοματική υγεία.

Με μεγάλη μας απογοήτευση διαπιστώνουμε ότι το προσχέδιο στερείται κάποιου μηχανισμού λογοδοσίας και παρακολούθησης που να περιλαμβάνει μετρήσιμες και χρονικά καθορισμένες δεσμεύσεις για τα MMN περιλαμβανομένων των οδοντιατρικών νοσημάτων.

Όπως κατ' επανάληψη έχει δηλώσει η Πρώην Γενική Διευθύντρια του ΠΟΥ, Margaret Chan: «μόνον ό,τι μετριέται, υλοποιείται».

Κατά συνέπεια, προτείνουμε να προστεθεί μια νέα ρήτρα στο Προσχέδιο για τα Κράτη Μέλη να «υποστηρίξουν έναν παγκόσμιο ανεξάρτητο μηχανισμό λογοδοσίας για τα MMN συμπεριλαμβανομένων των στοματικών νοσημάτων, με τη συμμετοχή πολυμερών οργανισμών, φορέων, κυβερνήσεων, της κοινωνίας των πολιτών και του ακαδημαϊκού κόσμου, προκειμένου να υποστηριχθεί η παρακολούθηση, η επανεξέταση και η ανάλυση της προόδου των MMN σε παγκόσμια κλίμακα, όπως η αντίστροφη μέτρηση για τα MMN, (βασισμένη στην αναφορά HLC, R6) ».

3. Αύξηση των επενδύσεων στην πρόληψη και τον έλεγχο των MMN, περιλαμβανομένων των στοματικών νοσημάτων.

Στη τωρινή μορφή του, το Πρώτο Προσχέδιο παραλείπει να αναγνωρίσει ότι οι επενδύσεις διαδραματίζουν έναν κρίσιμο ρόλο στην ελάφρυνση του βάρους από τα MMN. Χωρίς στοχευμένες επενδύσεις σε ευρείας κλίμακας παρεμβάσεις πρόληψης, το βάρος των στοματικών νοσημάτων όπως και άλλων MMN θα εξακολουθήσει να επιταχύνεται με αμείωτους ρυθμούς. Στην πραγματικότητα, το Παγκόσμιο Οικονομικό Φόρουμ κατατάσσει σταθερά τα MMN ως μια από τις κορυφαίες απειλές για την παγκόσμια οικονομική ανάπτυξη.

Σύμφωνα με την πρόσφατη έκθεση του ΠΟΥ, «Saving lives, spending less: a strategic response to NCDs», οι φτωχότερες χώρες του κόσμου μπορούν να κερδίσουν 350 δισεκατομμύρια δολάρια ΗΠΑ μέχρι το 2030 κλιμακώνοντας τις επενδύσεις στην

πρόληψη και τη θεραπεία χρόνιων νοσημάτων, σώζοντας παράλληλα περισσότερες από 8 εκατομμύρια ζωές έως το έτος 2030.

Πιστεύουμε ακράδαντα ότι κάθε χώρα θα αποκομίσει σημαντικά οικονομικά και κοινωνικά οφέλη από την επένδυση στην πρόληψη και τον έλεγχο των στοματικών νοσημάτων και των MMN. Η περίπτωση των επενδύσεων στα MMN ενισχύεται περαιτέρω από την ύπαρξη αποτελεσματικών από πλευράς κόστους και βασισμένων στην τεκμηρίωση παρεμβάσεων. Όσον αφορά δε τα στοματικά νοσήματα, η έρευνα καταδεικνύει ότι οι αποτελεσματικές περιφερειακές και εθνικές στρατηγικές για την προαγωγή της στοματικής υγείας και την πρόληψη των στοματικών νοσημάτων οδηγούν στη βελτίωση της στοματικής υγείας του συνόλου του πληθυσμού και μπορούν να συμβάλουν στην αποτροπή των κυριάρχων MMN.

Επιπροσθέτως, από το Προσχέδιο απουσιάζουν επίσης, αρκετές βασικές δημοσιονομικές πολιτικές που σχετίζονται με τη ζάχαρη, τη χρήση καπνού και την κατανάλωση αλκοόλ. Επί παραδείγματι, η φορολόγηση στα αναψυκτικά με ζάχαρη αποτελεί έναν αποδεδειγμένα αποτελεσματικό μηχανισμό μείωσης της κατανάλωσης ζάχαρης (ιδιαίτερως μεταξύ των νοικοκυριών με χαμηλά εισοδήματα) και μπορεί να συνεισφέρει στην ελάφρυνση του άχθους των MMN. Στο «2015 WHO Fiscal Policies for Diet and Prevention of NCDs» προτείνεται η φορολόγηση για τη ζάχαρη ως μία από τις κύριες δημοσιονομικές παρεμβάσεις για την πρόληψη των MMN.

Συνεπώς, προτείνουμε το Προσχέδιο να συμπεριλάβει μια δέσμευση για την εφαρμογή παγκόσμιων προτεινόμενων δημοσιονομικών πολιτικών, μεταξύ των οποίων και της εφαρμογής τιμολογιακών και φορολογικών μέτρων για τη ζάχαρη, για τα αναψυκτικά με ζάχαρη, τον καπνό και το αλκοόλ, ως μέρος μιας συνολικής και ολοκληρωμένης προσέγγισης.

Εκ μέρους της Ελληνικής Οδοντιατρικής Ομοσπονδίας, της FDI (Παγκόσμιας Οδοντιατρικής Ομοσπονδίας/World Dental Federation) και της IADR (Παγκόσμιας Ομοσπονδίας Οδοντιατρικής Έρευνας/International Association for Dental Research), θέλουμε να σας ευχαριστήσουμε για την προσοχή και την ανταπόκρισή σας στο αίτημά μας αυτό και να σας διαβεβαιώσουμε ότι ως μέλη της παγκόσμιας κοινότητας των λειτουργών του χώρου της υγείας είμαστε έτοιμοι να στηρίξουμε κάθε μέτρο για την ελάφρυνση του βάρους από τα MMN.

Στο Παράρτημα που ακολουθεί, δείτε παρακαλούμε στην Αγγλική τα σχόλια και τις προτάσεις που κατατίθενται από κοινού από την Παγκόσμια Οδοντιατρική

Ομοσπονδία (World Dental Federation/FDI), τη Διεθνή Ομοσπονδία για την Οδοντιατρική Έρευνα (International Association for Dental Research/IADR) και την Οδοντιατρική Σχολή του Πανεπιστημίου της Νέας Υόρκης, Τμήμα Επιδημιολογίας και Προαγωγής της Υγείας (New York University College of Dentistry, Department Epidemiology & Health Promotion/NYU Dentistry).

Appendix 1

Joint comments and review suggestions by FDI World Dental Federation (FDI), International Association for Dental Research (IADR) and New York University College of Dentistry, Department Epidemiology & Health Promotion (NYU Dentistry).

Para	Co-facilitators' text (as of 7 June)	FDI, IADR and NYU Dentistry joint comments and review suggestions (as of 22 June)
PP4	Recognize that many countries still face important challenges in the implementation of their commitments, remain deeply concerned that the burden of non-communicable diseases continues to rise disproportionately in developing countries and acknowledge that the huge human and economic cost of non-communicable diseases contributes to poverty and inequality and threatens the health of peoples and the development of countries	<p>Suggest alternative text.</p> <p>Alternative text: Acknowledgethat progress on prevention and control of non-communicable diseases has been slow and insufficient, and that without significant investment and other actions to address the barriers set out in WHA Paper A71/14, the increase in mortality and morbidity due to NCDs will not be offset by any gains due to progress in implementing commitments made and the world will not meet target 3.4 of the Sustainable Development Goals by 2030;</p>
PP8	Recognize that mental disorders and other mental health conditions contribute to the global burden of non-communicable diseases and that people living with mental disorders and other mental health conditions have an increased risk of other non-communicable diseases and higher rates of morbidity and mortality	<p>Consider adding in new PP: Appreciate the recognition of NCD co-morbidities in the 2011 Political Declaration (UN Resolution A/66/L.1/Article 19) and are reminded of their importance by theWHO “Time to Deliver” report recognizing that “other NCDs, such as renal, endocrine, neurological, neurological, haematological, gastroenterological, hepatic, musculoskeletal, skin and oral diseases and genetic disorders; mental and substance use disorders; disabilities, including blindness and deafness; and violence and injuries” are of major public health concern and require action integrated with the main NCD responses.</p> <p>Consider adding in new PP: Recognize that major oral diseases and conditions are among the most prevalent in the worldⁱ and that oral health care preventive services, treatment, and financing are often separate in the health systems of many countries.</p>

PP9	<p>Acknowledge the impact of non-communicable diseases on children, which is of particular concern, and recognizing that children that are given the opportunity to grow and develop in an environment that, at a young age, fosters and encourages healthy behaviours and lifestyles, including dietary choices and physical activity, and promotes the maintenance of healthy weight, can greatly reduce the risk of non-communicable diseases in adulthood;</p>	<p>Support the text and suggest:</p> <p>Acknowledge the impact of non-communicable diseases on children, which is of particular concern, and recognizing that families, schools and other settings provide children with opportunities to grow and develop in environments that, at a young age, foster and encourage healthy behaviours and lifestyles, including dietary choices, physical activity, maintenance of healthy weight and good oral hygiene, can greatly contribute to reducing the risk of non-communicable diseases in adulthood;</p>
OP3	<p>According to country-led prioritization integrate the set of cost-effective affordable and evidence-based interventions for the prevention and control of non-communicable diseases that can be scaled up to treat people with non-communicable diseases, protect those at risk of developing them, and reduce risk across populations;</p>	<p>Suggest an additional OP:</p> <p>Consider adding in new PP: Promote and implement effective policy, legislative, and regulatory measures, including fiscal measures on sugar, tobacco and alcohol as appropriate in order to minimize the impact of risk factors, and promote healthy diets.</p>
OP4	<p>Establish or strengthen national multi-stakeholder dialogue mechanisms with accountability for the implementation of the national multisectoral action plan for the prevention and control of non-communicable diseases to attain the national targets;</p>	<p>Suggest alternative text.</p> <p>Alternative text: Commit to develop, cost and implement national multisectoral NCD plans with embedded national targets by 2020, taking into account national contexts and the WHO Global NCD Action Plan 2013-2020; establish national multisectoral mechanisms by 2020, such as high-level commissions in order to implement health-in-all-policies and whole-of government and society approaches, and to monitor and act on the social, commercial, and environmental determinants of NCDs; and scale up NCD responses as a matter of priority in national sustainable development responses;</p>
OP8	<p>Scale up the implementation of the commitments made in 2011 and 2014 to reduce tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity taking into account, as appropriate, recommended interventions for the prevention and control of non-communicable diseases;</p>	<p>Support the text and suggest rewording:</p> <p>Commit to concentrate efforts on tackling the underlying social, economic and commercial determinants of NCDs and reducing risk factors by cross-sectoral collaboration and through scale-up the implementation of the commitments made in 2011 and 2014 WHO cost-effective and other recommended</p>

		<i>interventions</i> to reduce tobacco use, the harmful use of alcohol, unhealthy diets (<i>high in sugar</i>), and as the cornerstones of any national NCD response, taking into account, as appropriate, recommended interventions for the prevention and control of non-communicable diseases;
OP9	Implement cost-effective and evidence-based intervention to halt overweight and obesity in particular, childhood obesity, taking into account WHO recommendations and national priorities;	Suggest additional OPs. Consider adding new OP: Commit to reduce the harmful use of alcohol through measures detailed in the WHO Global Strategy to Reduce the Harmful Use of Alcohol; Consider adding new OP: Commit to promote WHO’s guidance on sugars intake to reduce sugar consumption;
OP10	Promote and implement policy, legislative, regulatory measures, including fiscal as appropriate, aiming at minimizing the impact of risk factors, promote healthy diets and lifestyles;	Support the text and suggest: Promote and implement policy, legislative, and regulatory measures, including fiscal <i>measures on sugar, tobacco and alcohol</i> as appropriate, <i>in order to minimize</i> the impact of risk factors and promote healthy diets and lifestyles;”
OP12 alt	<i>Empower the individual to make informed choices by providing the appropriate environment, strengthen health literacy through formal education, implement mass media campaigns that educate the public about the harms of smoking/tobacco use and second-hand smoke;</i>	Do not support this text and suggest deleting. These types of campaigns must go beyond tobacco control and include the other root causes of NCDs, such as unhealthy foods high in sugar, salt, and fat; sugar-sweetened beverages; and addressing physical inactivity.
OP12 alt bis	<i>Promote, with specific media campaigns, healthy and sustainable diets and physical activity;</i>	Do not support this text and suggest deletion. The paragraph does not address the root drivers of unhealthy diets and physical inactivity, and places the onus entirely on the individual instead of on creating health-promoting environments that empower individuals to make a choice.
OP13	Strengthen and reorient health systems including services for the prevention and control of non-communicable diseases and mental health, as part of universal health coverage, including access to safe, affordable, effective and quality essential medicines and technologies;	Suggest adding a new OP Consider adding new OP: Implement measures to improve oral health and strengthen health systems to include and integrate oral health services.

<p>OP16</p>	<p>Promote meaningful civil society engagement to encourage governments to develop ambitious national responses for the prevention and control of non-communicable diseases, forge multi-stakeholder partnerships and alliances that mobilize and share knowledge, provide services, carry out inclusive reviews of progress, and amplify the voices of people living with and affected by non-communicable diseases;</p>	<p>Propose adding a new OP.</p> <p>Consider adding new OP: Commit to increased and sustained investment in NCD civil society to support national and regional NCD responses, including dedicated efforts to strengthen the capacity of civil society organizations and coalitions in advocacy, community and political mobilization, communication and awareness raising, service delivery, and monitoring and accountability; (based on HLC report R4)</p>
<p>OP18</p>	<p>With a view to strengthening its contribution to non-communicable disease prevention and control, call upon the private sector, where appropriate, to:</p> <p>(a) Take measures to implement the World Health Organization set of recommendations to reduce the impact of the marketing of unhealthy foods and non-alcoholic beverages to children, while taking into account existing national legislation and policies;</p> <p>(b) Consider producing and promoting more food products consistent with a healthy diet, including by reformulating products to provide healthier options that are affordable and accessible and that follow relevant nutrition facts and labelling standards, including information on sugars, salt and fats and, where appropriate, trans-fat content;</p> <p>(c) Promote and create an enabling environment for healthy behaviours among workers, including by establishing tobacco-free workplaces and safe and healthy working environments through occupational safety and health measures, including, where appropriate, through good corporate practices, workplace wellness programmes and health insurance plans;</p> <p>(d) Work towards reducing the use of salt in the food industry in order to lower sodium consumption;</p> <p>(e) Contribute to efforts to improve</p>	<p>Support the text and suggest:</p> <p>OP18 (a) Consider text in italics and deletion: Take measures to implement the WHO set of recommendations to reduce the impact of the <i>restrict marketing of unhealthy foods (especially high in sugar) and non-alcoholic beverages including sugar-sweetened beverages to children</i>, while taking into account existing national legislation and policies <i>and explore establishing an international code of conduct on marketing together with an accountability mechanism;</i></p> <p>OP18 (b) Take measures to produce and promote more food products consistent with a healthy diet, including by reformulating products <i>to reduce sugar</i> to provide healthier options that are affordable and accessible and that follow relevant evidence-based labelling standards, <i>effective labelling and decreasing the marketing and availability of unhealthy products, especially to children;</i></p> <p>OP18 (c) Create a health-promoting Promote and create an enabling environment for healthy behaviors among workers, including by establishing tobacco-free workplaces and safe and healthy working environments through occupational safety and health measures, including, where appropriate, through good corporate practices, workplace wellness programmes and health insurance plans;</p> <p>OP18 (e) Contribute to efforts to improve access to and affordability of <i>quality-assured</i></p>

	access to and affordability of medicines and technologies in the prevention and control of non-communicable diseases;	medicines and technologies in for the prevention and control of non-communicable diseases;
OP20	Enhance the provision and allocation of adequate, predictable and sustained resources for national responses to prevent and control non-communicable diseases and promote mental health and well-being, through domestic, bilateral, and multilateral channels, including international cooperation and Official Development Assistance, and continue exploring voluntary innovative financing mechanisms and partnerships to advance action at all levels;	<p>Suggest an additional OP:</p> <p>Consider adding new OP: Implement globally recommended fiscal policies including price and tax measures on sugar, including sugar-sweetened beverages, tobacco, alcohol, and carbon as part of a comprehensive approach;</p>
OP24	We request the Secretary-General, in collaboration with Member States, the World Health Organization and relevant funds, programmes and specialized agencies of the United Nations system, to submit to the General Assembly, by the end of 2024, for consideration by Member States, a report on the progress achieved in the implementation of the present political declaration, in preparation for a comprehensive review, in 2025, of the progress achieved in the prevention and control of non-communicable diseases and promotion of mental health and well-being.	<p>Suggest additional OPs.</p> <p>Consider adding in new OP: Request the Secretary General, with the support of WHO, to contribute to the annual reviews of progress on the 2030 Agenda for Sustainable Development taking place at the High-Level Political Forum so as to ensure NCDs including oral diseases are included in voluntary national reviews;</p> <p>Consider adding in new OP: Commit to effective, evidence-based and operational mutual accountability mechanisms at global and national levels, that are transparent and inclusive, with the active involvement of civil society actors, to support implementation and monitoring and evaluation of progress on political commitments and targets on NCDs including oral diseases; (based on HLC report, R6)</p> <p>Consider adding in new OP: Accelerate efforts to strengthen comprehensive national surveillance systems to collect quality population-based incidence, prevalence and mortality data to monitor progress towards national NCD and risk factor targets, and leveraging existing infrastructure;</p> <p>Consider adding in new OP: Support a global independent accountability mechanism for NCDs including oral diseases, involving multilateral agencies, governments, civil</p>



		society and academia, to support the monitoring, review and analysis of progress on NCDs globally, such as the NCD Countdown; (based on HLC report, R6)
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ⁱ[3.5 billion affected people in 2015 (N. J. Kassebaum, et al J Dent Res 96(4) 380-387, 2017)]

Είμαστε πεπεισμένοι ότι θα έχουμε την αμέριστη συνδρομή σας για το κρίσιμο αυτό για τη δημόσια υγεία θέμα.

Σας ευχαριστούμε θερμά και πάλι και παραμένουμε στη διάθεσή σας για οποιαδήποτε περαιτέρω ενημέρωση χρειάζεστε.

Με ιδιαίτερη εκτίμηση,

Για το Διοικητικό Συμβούλιο
της Ελληνικής Οδοντιατρικής Ομοσπονδίας

Ο Πρόεδρος

ΚΑΤΣΙΚΗΣ ΑΘΑΝΑΣΙΟΣ

Ο Γενικός Γραμματέας

ΤΖΟΥΤΖΑΣ ΙΩΑΝΝΗΣ

Καθηγητής



Κοινοποίηση:

- Chief Dental Officer κ. Κ. Τολίδη, Καθηγητή Οδοντιατρικής



THE PRESIDENT
OF THE
GENERAL ASSEMBLY

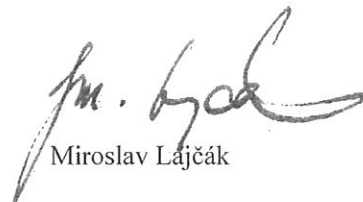
8 June 2018

Excellency,

Further to my letter dated 4 June 2018, I have the honour to enclose herewith a letter from H.E. Mr. Sebastiano Cardi, Permanent Representative of Italy, and H.E. Mr. Elbio Rosselli, Permanent Representative of Uruguay, co-facilitators of the intergovernmental consultations and negotiations in preparation for a comprehensive review of the progress achieved in the prevention and control of non-communicable diseases.

The co-facilitators' letter transmits the draft elements paper for the political declaration. The next informal consultations on the draft will be held on 29 June 2018.

Please accept, Excellency, the assurances of my highest consideration.



Miroslav Lajčák

All Permanent Representatives and
Permanent Observers to the United Nations
New York



**Permanent Mission of Italy
to the United Nations**



**Permanent Mission of Uruguay
to the United Nations**

7 June 2018

Excellency,

We are honored to write you in our capacity as co-facilitators to lead the intergovernmental consultations and negotiations in preparation of the comprehensive review in 2018 of the progress achieved in the prevention and control of non-communicable diseases as contained in documents A/RES/68/300 and A/RES/72/274.

As it was informed today, the second informal consultations will be held on 29 June 2018, from 10 am in the ECOSOC Chamber.

In accordance with paragraph 6 of the Resolution A/72/274, we are pleased to include in this letter the proposed draft elements paper for a political declaration.

In preparation for the second informal consultations and in order to advance substantively our joint work, we encourage you to share your views and proposed elements also by email to Cristiana Mele of Italy (cristiana.mele@esteri.it) and Claudia García Moyano of Uruguay (claudia.garcia@mrree.gub.uy).

Please accept, Excellency, the assurances of our highest consideration.

H.E. Mr. Sebastiano Cardi

Ambassador and Permanent Representative

of Italy to the United Nations

H.E. Mr. Elbio Rosselli

Ambassador and Permanent Representative

of Uruguay to the United Nations

H.E. Miroslav Lajčák

President of the 72nd Session of the UN General Assembly

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DRAFT

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

TIME TO DELIVER: Accelerating our response to address NCDs for the health and well-being of present and future generations

Chapeau 1. We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations on 27th September 2018 to undertake a comprehensive review of the challenges and opportunities to implement our existing commitments for the prevention and control of NCDs, which constitute a major challenge for the health and well-being of our peoples and for sustainable development; **(OP1 of 72/274, P2 and P26 of 70/1)**

PP1. Strongly reaffirm our political commitment to accelerate progress on the implementation of the previous HLM outcome documents on the Prevention and Control of Non-communicable Diseases ¹, which continue to inspire our action and catalyse our efforts in line with the 2030 Agenda for Sustainable Development , in order to reduce risk factors for non communicable diseases and addressing the socio-economic and environmental determinants of NCDs and promote mental health and well-being **(66/2 and 68/300, OP78 of 70/1)**

PP2. Recalling the SG report that recognizes that action to realize the commitment made in 2011 and 2014 is inadequate, that the current level of progress is insufficient to meet target 3.4 of the Sustainable Development Goals and the world has yet to fulfil its promise of implementing measures to reduce the risk of dying prematurely from non-communicable diseases

PP3. Acknowledge the remarkable progress achieved by some countries in the implementation of their commitments made in 2011 and 2014 for the prevention and control of four major non-communicable diseases, namely, cardiovascular disease, diabetes, cancer and chronic respiratory diseases by reducing their main common risk factors, namely, tobacco use, the harmful use of alcohol, unhealthy diets and physical inactivity, as well as by improving disease management to reduce morbidity, disability and death

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

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PP4. Recognize that many countries still face important challenges in the implementation of their commitments, remain deeply concerned that the burden of non-communicable diseases continues to rise disproportionately in developing countries and acknowledge that the huge human and economic cost of non-communicable diseases contributes to poverty and inequality and threatens the health of peoples and the development of countries **(Paragraph 4 and 13 in A71/17)**

PP5. Welcome that the General Assembly proclaimed 2016-2025 as the Decade of Action on Nutrition; **(70/259, P10 of Rome Declaration on Nutrition)**

PP6. Welcome the convening of the WHO Global Conference on the Prevention and Control of Non-communicable Diseases, hosted by the Governments of Finland, Russian Federation, Uruguay and WHO, from 18 to 20 October 2018 in Montevideo, and its outcome document entitled “Montevideo roadmap (2018-2030) on the prevention and control of non-communicable diseases as a sustainable development priority” and recall resolution 71.2 of the WHA

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

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

PP9. Acknowledge the impact of non-communicable diseases on children, which is of particular concern, and recognizing that children that are given the opportunity to grow and develop in an environment that, at a young age, fosters and encourages healthy behaviours and lifestyles, including dietary choices and physical activity, and promotes the maintenance of healthy weight, can greatly reduce the risk of non-communicable diseases in adulthood²;

PP10. Reaffirm the primary role and responsibility of Governments in responding to the challenge of non-communicable diseases by developing national responses for their prevention and control, and promoting and protecting the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; **(PP3 of 66/2, and WHO Constitution)**

² Source: Set of WHO recommendations of the marketing of foods and non-alcoholic beverages to children endorsed by resolution WHA63.14

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PP11. Acknowledge that other stakeholders also share responsibility and can contribute in creating a conducive environment to prevent and control non-communicable diseases, and recognize the need to bring together civil society and the private sector to mobilize all available resources to the implementation of national responses for the prevention and control of non-communicable diseases; **(P39 of 70/1)**

Chapeau 2. We, therefore, commit to scale up efforts and further implement the following actions:

OP1. Strengthen our commitment as Heads of State and Government to exercise a strategic leadership for the prevention and control of NCDs by promoting greater policy coherence and coordination engaging decisive and bold actions across government and will all stakeholders, including civil society and the private sector, and by ensuring that issues relating to non-communicable diseases receive an appropriate, coordinated, comprehensive and integrated whole-of-society response; **(R1 of the report of the HLC, and P30(a)(viii) of 68/300)**

OP2. Scale up the implementation of the commitments made in 2011 and 2014 for the prevention and control of NCDs as part of the ambitious national responses to the overall implementation of the 2030 Agenda for Sustainable Development, including by integrating, as appropriate, action on the prevention and control of non-communicable diseases and promotion of mental health and well-being into national responses;**(based on R2 of the report of the HLC, p.78 of 70/1, p30 of 68/300)**

OP3. According to country-led prioritization integrate the set of cost-effective affordable and evidence based interventions for the prevention and control of non-communicable diseases that can be scaled up to treat people with non-communicable diseases, protect those at risk of developing them, and reduce risk across populations; (= **based on R2 of the report of the HLC, P78 of 70/1, P30(a)(v) of 68/300, P45(a) of 66/2, and P45(m) of 66/2**);

OP4. Establish or strengthen national multi-stakeholder dialogue mechanisms with accountability for the implementation of the national multisectoral action plan for the prevention and control of non-communicable diseases to attain the national targets; **(R6 of the report of the HLC, Montevideo Roadmap, and 30(a)(vi) of 68/300)**

OP5. Share information with global and regional partners on experiences, including successes and challenges related to the implementation of national policies and

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programmes to prevent and control non-communicable diseases, in order to build the global evidence base on best practices and lessons learned to promote informed action;

OP6. Take the necessary measures to recognize the rights to health across the life-course in keeping with human rights obligations and addressing the specific health needs of children and other groups more vulnerable to non-communicable diseases;

OP7. Scale up efforts to use information and communications technologies, including e-health and m-health and other innovative solutions as well as promote public-private partnership to accelerate action towards the prevention and control of non-communicable diseases;

OP8. Scale up the implementation of the commitments made in 2011 and 2014 to reduce tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity taking into account, as appropriate, recommended interventions for the prevention and control of non-communicable diseases;

OP9. Implement cost-effective and evidence based intervention to halt overweight and obesity in particular, childhood obesity, taking into account WHO recommendations and national priorities;

OP10. Promote and implement policy, legislative, regulatory measures, including fiscal as appropriate, aiming at minimizing the impact of risk factors, promote healthy diets and lifestyles;

OP11. Accelerate the implementation of WHO Framework Convention on Tobacco control by its States parties, while calling for its universal ratification. Continue to implement tobacco control measures without any tobacco industry interference, taking into account the fundamental and irreconcilable conflict of interest between the tobacco industry and public health;

[OP12. Empower the individual to make informed choices by providing the appropriate environment, strengthen health literacy through formal education, implement mass media campaigns that educate the public about the harms of smoking/tobacco use and second hand smoke, implement social marketing campaigns to reduce the intake of total fat, saturated fats, sugars and salt, and promote the intake of fruits and vegetables and implement mass media campaigns to support behavioral change of physical activity levels;]

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[OP12.alt Empower the individual to make informed choices by providing the appropriate environment, strengthen health literacy through formal education, implement mass media campaigns that educate the public about the harms of smoking/tobacco use and second hand smoke;

OP12. alt bis Promote, with specific media campaigns, healthy and sustainable diets and physical activity;]

OP13. Strengthen and reorient health systems including services for the prevention and control of non-communicable diseases and mental health, as part of universal health coverage, including access to safe, affordable, effective and quality essential medicines and technologies;

OP14. Strengthen people-centred primary health care services to ensure equitable coverage throughout the lifecycle with an adequate and well-equipped health workforce so that preventive interventions can be provided for people at risk of disease, and treatment and specialised care for people affected by a non-communicable disease; **(R3 of the report of the HLC, P45(j) of 66/2)**

OP15. Implement measures to improve mental health and well-being, integrating services and treatment for people living with mental health conditions into national responses for non-communicable diseases and addressing their social determinants and other health needs.

OP16. Promote meaningful civil society engagement to encourage governments to develop ambitious national responses for the prevention and control of non-communicable diseases, forge multi-stakeholder partnerships and alliances that mobilize and share knowledge, provide services, carry out inclusive reviews of progress, and amplify the voices of people living with and affected by non-communicable diseases; **(Co-Chairs Statement of WHO GCM/NCD Dialogue on the role of non-State actors)**

OP17. Engage with the private sector, taking into account national health priorities and objectives on how it can contribute to implementation of national NCD responses to reach SDG 3,4 as well as benefits and risks.

OP18. With a view to strengthening its contribution to non-communicable disease prevention and control, call upon the private sector, where appropriate, to:

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- (a) Take measures to implement the World Health Organization set of recommendations to reduce the impact of the marketing of unhealthy foods and nonalcoholic beverages to children, while taking into account existing national legislation and policies;
- (b) Consider producing and promoting more food products consistent with a healthy diet, including by reformulating products to provide healthier options that are affordable and accessible and that follow relevant nutrition facts and labelling standards, including information on sugars, salt and fats and, where appropriate, trans-fat content;
- (c) Promote and create an enabling environment for healthy behaviours among workers, including by establishing tobacco-free workplaces and safe and healthy working environments through occupational safety and health measures, including, where appropriate, through good corporate practices, workplace wellness programmes and health insurance plans;
- (d) Work towards reducing the use of salt in the food industry in order to lower sodium consumption;
- (e) Contribute to efforts to improve access to and affordability of medicines and technologies in the prevention and control of non-communicable diseases; (para 44 of A/res/66/2)

OP19. Promote transparency and accountability mechanisms for the prevention and control of NCDs and promoting mental health and well-being, taking into account, as appropriate, national health impact assessments, as part of government effort to lead the development and implementation of effective interventions for addressing non-communicable diseases;

OP20. Enhance the provision and allocation of adequate, predictable and sustained resources for national responses to prevent and control non-communicable diseases and promote mental health and well-being, through domestic, bilateral, and multilateral channels, including international cooperation and Official Development Assistance, and continue exploring voluntary innovative financing mechanisms and partnerships to advance action at all levels; **(P32 of 68/300 and P45(d) of 66/2)**

OP21. Call on WHO to continue to exercise its leadership as the directing and coordinating authority on international health in order to contribute to Member States efforts to prevent and control non-communicable diseases by strengthening its normative and standard setting role and its capacity to develop and provide technical assistance and policy advice to Member States, as well as enhance its multi-stakeholder engagement and dialogue through platforms such as the WHO Global Coordination Mechanism for the Prevention and Control of Non-communicable Diseases and the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases;

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OP22. Call further on WHO to continue to work towards promoting and monitoring enhanced global action to prevent and control NCDs through coordinating work with other United Nations agencies, development banks and other regional and international organizations, including by exploring new financing, implementation, monitoring and accountability mechanisms;

OP23. To implement these actions, we commit to act in unity to create a just and prosperous world where all people can exercise their rights and live healthy lives in a world free of the avoidable burden of NCDs.

OP24. We request the Secretary-General, in collaboration with Member States, the World Health Organization and relevant funds, programmes and specialized agencies of the United Nations system, to submit to the General Assembly, by the end of 2024, for consideration by Member States, a report on the progress achieved in the implementation of the present political declaration, in preparation for a comprehensive review, in 2025, of the progress achieved in the prevention and control of non-communicable diseases and promotion of mental health and well-being.

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