

## **PARALLEL SESSION 3.4**

**NO PROGRESS WITHOUT ACTION: A NEW ERA OF ACCOUNTABILITY TO END  
EMPTY PROMISES FOR NCD PREVENTION AND CONTROL**



## | BACKGROUND

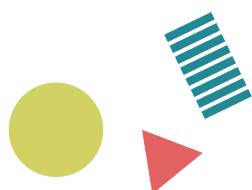
A plethora of global NCD commitments and targets have been made, but ten years since the first UN High-Level Meeting on NCDs it is evident countries are struggling to move to implementation, and the official process to track and review global progress is overwhelming and confusing. 25 outcome indicators, 10 progress indicators, and 2 SDG indicators comprise the global accountability framework for NCDs. Yet many low- and income countries (LMICs) still have inadequate national information systems, the reporting globally on NCDs is not providing the in-depth granular trends that is required to catalyse action, and all reporting on NCD targets and commitments are voluntary (unlike in the case of framework conventions such as the WHO Framework Convention on Tobacco Control or the Paris Agreement which is legally binding).

As has been demonstrated by the HIV/AIDS and women and children's health communities, accountability can be a crucial force for political and programmatic change. Defined as a cyclical process of monitoring, review and action, accountability enables the tracking of commitments, resources, and results and provides information on what works and why, what needs improving, and what requires increased attention. Accountability ensures that decision-makers have the information required to meet the health needs and realise the rights of all people at risk of or living with NCDs, and to place them at the heart of related efforts.

This session will seek to explore if the global accountability framework and architecture for NCDs is fit for purpose. Speakers will explore whether there is ownership and adherence by countries to the international system of declarations, commitments and targets, and if the systems are in place at the country level to ensure accountability; if there is value in a greater focus on independent accountability mechanisms, as has been central pillar of accountability for women and children's health; what are the lessons learnt from other parts of global health governance and other parts of sustainable development (for example the FCTC and other conventions); and what is the role of non-state actors in driving accountability for NCDs (for example, shadow reporting and witnessing).

## | OBJECTIVES

- Review and evaluate the current accountability framework and architecture for NCDs, and explore ways of strengthening it
- Identify lessons learnt from other global health governance and mechanisms, including Framework Conventions, and their implications for NCDs
- Explore the value of independent accountability mechanisms, and the role of non-state actors in accountability.





Moderator

## Robert Beaglehole

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Robert Beaglehole trained in medicine, cardiology, epidemiology and public health in New Zealand, England and the USA before becoming a public health physician. He was Professor of Community Health at the University of Auckland, New Zealand (1988-1999). In 2000 he joined the staff of the World Health Organization and was engaged in a variety of public health roles. Between 2004 and 2007 he directed the Department of Chronic Disease and Health Promotion. In 2007 he returned to New Zealand. He is now an independent global public health practitioner with a focus on the prevention and control of noncommunicable diseases (NCDs) in New Zealand, the Pacific and globally. He founded ASH in 1982 and now chairs the organisation which actively supports the Smokefree Aotearoa 2025 Goal. He is Professor Emeritus of the University of Auckland and chairs the Lancet NCD Action Group.

