

“best buys” and other recommended interventions for the prevention and control of NCDs, which—when implemented—can support countries to reach Sustainable Development Goal target 3.4 of reducing premature deaths from NCDs by one-third by 2030.<sup>5</sup>

By implementing these measures, governments will protect health, make populations stronger and more productive, save on health-care costs, and—when they implement taxes on tobacco, sugary drinks, and alcohol—generate revenues that can be ploughed back into universal health coverage.

These measures and more, and the action needed to turn policy into reality, are central to the WHO Global Conference on NCDs that WHO and the Presidency of Uruguay are co-organising and holding in Montevideo, Uruguay, on Oct 18–20, 2017. This conference is important for many reasons. Its focus on enhancing policy coherence to prevent and control NCDs is key. The conference will also provide a moment to take stock of national progress ahead of the next UN General Assembly high-level meeting on NCDs in 2018.

There has been progress. Globally, the probability of dying prematurely from cancer, cardiovascular disease, diabetes, and stroke fell 17% between 2000 and 2015.<sup>6</sup> But the world is still far from meeting global targets to reduce premature NCD deaths by 25% by 2025 and then by a third by 2030.

Changing the NCD paradigm is essential. No longer can NCDs—and health in general—be seen as a matter of only stocking hospitals with medicines and training

health-care workers. Fiscal policy is led by finance ministries. Trade agreements drive the export and import of unhealthy foods and beverages. Environment departments are responsible for cleaning up the air we breathe. Our children derive their learning, including on what it takes to be healthy, from schools.

No longer can we say that NCDs are a problem only for high-income countries, that regulating business is too hard, and that responsibility lies in the hands of individuals to make the healthy choice. Instead, we must expect—and help—governments to make the healthy choice the norm for their citizens. We look forward to meeting with government leaders in Uruguay to discuss ways to do just that.

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For more on the WHO Global Conference on NCDs see [www.who.int/montevideo2017](http://www.who.int/montevideo2017)

## Where is the accountability to adolescents?

Accountability is a loaded concept. For many, the term itself has negative and punitive connotations. When it comes to accountability to adolescents—who number 1.2 billion today<sup>1</sup>—discourse is rare. Adolescents are the central promise for accelerated, lasting progress on the Global Strategy for Women’s, Children’s and Adolescents’ Health<sup>2</sup> and the Sustainable Development Goals (SDGs). But for adolescents, who lack power, vote, and influential voice, the notion of accountability to their health, development, and rights is fragile.

The Independent Accountability Panel (IAP) is mandated by the UN Secretary-General to provide an independent annual assessment of progress on

implementing the Global Strategy. The IAP embraces a participatory, constructive approach based on its accountability framework: monitor, review, act, and remedy.<sup>3</sup> It emphasises human rights and views accountability as a virtuous circle, with built-in learnings for continuous improvements in delivering on promises made about people’s health and rights. Monitoring is essential to reveal inequities and other inadequacies in quality, accessibility, and affordability of services through better data disaggregation. Beyond monitoring, the IAP framework places a premium on independent review, action, and remedy. Here, the oversight role of courts, parliaments, and human rights institutions, alongside

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For Sustainable Development Goals see <https://sustainabledevelopment.un.org/sdgs>

the watchdog function of the media and the mobilisation of civil society and communities, are fundamental for meaningful accountability. Without independent review, action and remedies are curtailed, and business as usual prevails. Remedies enable effective implementation and can transform underlying determinants of ill health and marginalisation.

On Sept 18, 2017, the IAP's 2017 report, *Transformative Accountability for Adolescents*,<sup>4</sup> will be launched during the UN General Assembly. A key finding of the report is that there is insufficient accountability for the Global Strategy and the SDGs and that a culture of accountability is lacking. As multistakeholder partnerships increasingly characterise the implementation of these global commitments, accountability is rendered diffuse by the many actors involved and by the complex processes. In the absence of deliberate efforts to lock in accountability from start to finish of policies and programmes, with clearly assigned institutional responsibilities, accountability becomes an afterthought of planning—a costly afterthought, both for the people left behind and the investments made.

The recommendations in the IAP report<sup>4</sup> call for a transformation in accountability, with an emphasis on national and local action. The six recommendations build on emerging and promising practices across the range of stakeholders. First, that Every Woman Every Child global partners improve the practice of accountability and specify explicit plans for strengthening their work in this area, and for avoiding duplication. Second, that member states, national statistics offices, and UN agencies implement systematic reporting and use of disaggregated data on adolescent health and development, including at intergovernmental levels such as the High-Level Political Forum on Sustainable Development. Third, whole-of-government accountability to adolescents is needed, with a focus on prevention and the role of education systems, including for countries to harness demographic dividends, and by ensuring effective oversight institutions and equipping adolescents with the knowledge to claim their rights and entitlements. Fourth, universal health coverage should work for adolescents by providing a package of goods and services aligned with the Global Strategy that includes mental health and sexual and reproductive health and which is free at the point of service delivery. Fifth, improvements are needed in accountability for investments by increasing resources and adopting adolescent-responsive budgeting, and by

enhancing the answerability of development cooperation partners, especially bilateral donors and the UN system. The final recommendation is on unleashing the power of young people by engaging them meaningfully in decision making and moving away from tokenism. This includes empowering the e-Generation—the first to be raised with modern technologies and the internet—to seize the full potential of the digital age.

Adolescents are too often rendered invisible in policies and investment frameworks. Every year 1.2 million adolescents die,<sup>5</sup> often from preventable causes. The health and rights of millions more are at risk of being eroded, with constrained life prospects. This is particularly the case for girls and adolescents who belong to groups that are disadvantaged as a result of poverty, discrimination, and exclusion. But adolescents, who number one in six of the total global population,<sup>6</sup> will be coming into their own by 2030. They are the SDGs generation. Strategic investments to protect their health and wellbeing are vital to build new generations of resilient young people and adults ready for the future.

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