High-level Meeting on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases (NCDs)
10 and 11 July 2014

Meeting Summary

Introduction

Pursuant to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, adopted on 19 September 2011, the General Assembly decided to hold a comprehensive review and assessment in 2014 of the progress achieved in the prevention and control of non-communicable diseases.

By resolution 68/271 of 13 May 2014, the General Assembly further decided that a high-level meeting would be held on 10 and 11 July 2014 to undertake the comprehensive review and assessment.

Objective

The high-level meeting provided Member States and other relevant stakeholders with an opportunity to, inter alia, take stock of progress made in implementation of the commitments of the 2011 Political Declaration; identify and address gaps in implementation and responses at the national, regional and global levels; and reaffirm the political commitment in response to the challenge of non-communicable diseases. The overall theme of the high-level meeting was “Taking stock of progress in implementing the political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases and scaling up multi-stakeholder and national multisectoral responses to the prevention and control of non-communicable diseases, including in the context of the post-2015 development agenda”.

Opening Session

In accordance with Operative Paragraph 3 of resolution 68/271, statements were made in the opening plenary by the President of the General Assembly, the Secretary-General, the Director General of the World Health Organization, the Administrator of the United Nations Development Programme and a representative of civil society who was chosen by the President of the Assembly from among non-governmental organizations in consultative status with the Economic and Social Council and in consultation with Member States;

In his opening remarks, the President of the General Assembly identified NCDs as the largest single cause of death and disability worldwide. According to WHO, NCDs are responsible for some 36 million deaths, or 63 per cent of a total 57 million in 2008. By 2020, that number is expected to grow to 44 million per annum. NCDs are key determinants of human health and therefore represent a significant threat to human wellbeing and sustainable development.
In the developing world, the statistics are quite alarming. The President pointed out that 80 per cent of global deaths from NCDs occur in developing countries, making them the most vulnerable and least resilient in preventing and controlling NCDs. The problem is not lack of political will, but rather lack of resources, both technical and financial. President Ashe suggesting that integrating NCDs into bilateral and international development cooperation, national development agendas and prevention strategies, can lead to better partnerships and cooperation and more effective use of the billions of dollars in development assistance that is dedicated to health.

Ms. Susana Malcorra, Under-Secretary-General and Chef de Cabinet of the Executive Office of the Secretary-General delivered a statement on behalf of the Secretary-General. The Secretary-General identified NCDs as a major and growing challenge to development. Delegations were reminded that three years ago, Governments were asked to protect their citizens from NCD risk factors, provide responsive health systems and track NCD trends. Civil society and the private sector were also called on to help implement new policies so the scale of the problem would not prevent achievement of the MDGs. As a result, some Governments are now able to provide institutional, legal, financial and service arrangements to prevent and control” NCDs.

Additional success will depend on finding new ways to strengthen the ability of countries to adopt bolder action. The Secretary-General acknowledged the special role that WHO has to play in this regard, but indicated that the whole UN system must incorporate NCDs as a priority and develop innovative partnerships to address the growing demand for technical assistance.

The Secretary-General also called for strong leadership and action from other sectors and non-State actors; improved access to affordable medicines for NCDs; new ways of encouraging the private sector to stop marketing unhealthy foods to children; and increased production of foods that are low in fat, sugar and salt.

Dr. Margaret Chan, Director-General of the World Health Organization, began her presentation by affirming adoption of the 2011 Political Declaration on the prevention and control of NCDs as a watershed event. The bold commitments contained in the Declaration, made prevention the cornerstone of the global response against NCDs. Since 2011, WHO has completed all of the time-bound assignments agreed by Heads of State and Government which established global mechanisms and a roadmap for coordinated multisectoral action and monitoring of results.

A 2013 WHO survey to measure progress within countries found 95 per cent of the 172 reporting countries now have a unit or department responsible for NCDs. Half of these countries have an integrated operational plan with a dedicated budget. While the report showed that countries are laying the groundwork for action against NCDs, it also showed that progress has been insufficient and uneven, especially in developing countries and the fact that NCDs has now “overtaken infectious diseases as the world’s leading cause of morbidity and mortality, has profound consequences.”
Dr. Chan emphasized that it is necessary for public health to shift focus from cure to prevention, from short-term to long-term management and from acting independently to coordinated, multisectoral and multistakeholder action. This is in light of the fact that inter alia, economic growth and urbanization have created an entry for the globalization of unhealthy lifestyles and NCD risk factors are a part of modern society. Commitment from the highest political levels can direct the broad-based collaboration needed for substantial progress against NCDs; introduce coherent public policies; coordinate action; and push for legislative support. Governments with such strategies in place are better able to cope with NCDs.

Ms. Helen Clark, Administrator of the United Nations Development Programme, acknowledged that the major challenge which NCDs pose to public health is also a challenge to human development. “NCDs is inseparable from human development” and impacts the capacity of people to survive and thrive.

With 80 per cent of the world’s NCD-related deaths occurring in developing countries, NCDs are no longer only a problem for high-income countries. The ways in which NCDs impede development progress and impact the lives of the world’s poorest people, has yet to be fully addressed. Ms. Clark pointed out in low and middle income countries the economic costs from the four main NCDs (cardiovascular diseases, cancers, chronic respiratory diseases and diabetes) are expected to exceed US$7 trillion between 2011 and 2025. Furthermore, what may be a manageable condition in a high income setting can be life threatening in a low income one. For example, the average age of death from cardiovascular disease in sub-Saharan Africa is at least ten years earlier that in developed countries. Similarly, the death rate among women in Africa from NCDs is twice that of women in high income countries.

Various other social, legal and environmental determinants of NCDs exist, such as the concentration of alcohol advertising or the absence of parks in poor neighbourhoods. These factors require strong action beyond the health sector. Sustainable development calls for integrated policy-making across the economic, social and environmental spheres. If we look at health in the broader sustainable development context, this is consistent with the multisectoral approaches required to address NCDs. The UNDP Administrator pointed out that progress would require more than just medical interventions, but also revisiting patterns of trade, consumption, governance and urbanization among others.

Ms. Clarke identified some actions that Governments can initiate immediately to accelerate efforts against NCDs, including: zoning ordinances that restrict the density of fast food eateries in low-income urban areas; using domestic sources of revenue such as national trust funds or greater taxation on unhealthy products for NCD responses; and incentivizing the production, trade and consumption of healthy food. International support to countries tackling NCDs, particularly developing countries is equally important because of the “inherent injustice in persisting disparities in health across countries” and the “patterns of globalization international trade” that contribute to the inequities. Collective responsibility and action must match the scale of the challenge which NCDs now present to both rich and poor countries.
Speaking on behalf of civil society, Professor Tezer Kutluk presented his first-hand experience as a paediatric oncologist, researcher and an advocate in the global cancer community. He spoke of the challenges of providing NCD diagnosis, treatment and palliative care to children in developing countries. He recalled childhood cancer as an example of the gross inequity experienced by those living with NCDs in low- and middle-income countries. While the knowledge is available to treat childhood cancer, with over 80 per cent success rates in high-income countries, this rate can drop to as low as 10 per cent in other settings.

Professor Kutluk posed several questions to meeting participants for consideration as they reviewed progress three years after adoption of the Political Declaration: “What needs to be done to carry momentum forward? How do we shift progress at the global level to national action and implementation? How do we unlock the power of the Political Declaration at the national level for the hundreds of millions of people with NCDs and the millions more at risk?”

The Professor also called on Member States to take several actions, including: accelerating coordinated and harmonised national responses to NCDs, through costed multisectoral national plans, a national multisectoral NCD commission, and country-level monitoring and evaluation systems; ensuring that NCDs are central to the Post-2015 Development Agenda, including a stand-alone target on NCDs; addressing the resource gap for NCDs, at global and national levels through innovative financing mechanisms that are proven to curb NCDs and raise significant revenue; and finally, starting a movement of people affected or living with NCDs, that will be active in holding governments accountable for the commitments made in the fight against NCDs.

**General Debate**

Sixty-two speakers were inscribed to deliver statements in the general debate, including 8 Ministers and 5 Vice-Ministers. Highlighted below are some of the key messages presented by Member States during the general debate:

- Speakers welcomed the opportunity to take stock of the progress made since the Political Declaration on NCDs was adopted in 2011, and acknowledged the work of the WHO in meeting the milestones requested by Member States. However, speakers noted that progress has been uneven and the incidences of non-communicable diseases, especially in the developing world, continue to increase, as the leading cause of death and disability in many countries;
- Speakers noted that non-communicable diseases not only pose a health issue, but also a larger social issue that is an impediment to the development of States, with strong linkages to other development challenges including poverty reduction, food security and climate change;
- Many speakers raised concerns about the high incidences of deaths and disability caused by NCDs in their countries, and that economic growth, modernization and
urbanization have led to the spread of unhealthy lifestyles that contribute to causing NCDs;

- Speakers noted that chronic diseases such as heart disease, cancer, stroke, chronic respiratory diseases and diabetes cut lives short, cause preventable disabilities and reduce the quality of life for millions, including the families of patients. NCDs cost the global economy billions of dollars every year. The economic impact of NCDs is felt more deeply in developing countries;

- Speakers shared their national experiences and best practices in combating NCDs in their own countries, including public policy strategies to tackle risk factors such as tobacco use, harmful alcohol consumption, unhealthy diet and lack of physical exercise. These risk factors are determined by, and interlinked with, broader social, economic and environmental factors;

- Several participants noted the benefits of comprehensive national health programmes and the involvement of line ministries, including finance, health, education and social services.

- Speakers stressed that in order to effectively tackle the multifaceted challenge of NCD prevention and control, a whole-of-society approach much be taken, involving a multisectoral approach building on partnerships and coordination between and within governments, health sector, businesses, academia, communities and others;

- The importance of data collection, national legislation and an enabling environment to support policy implementation was also stressed during the deliberations.

- Speakers committed to, or encouraged, technical assistance for capacity building, especially for developing countries, which will in turn strengthen the ability of countries to measure, monitor and assess progress made in addressing NCDs;

- Speakers raised the issue of lack of resources to fully implement the Political Declaration on NCDs and other relevant instruments and strategies. This may be addressed by cooperation with international and regional financial institutions. While noting that there is no lack of commitments, it was time to put those commitments into action;

- Speakers reiterated the importance of access to affordable medication and diagnostics, especially in developing countries. And to this end, countries should strive towards universal health coverage and strengthening of national health systems;

- Speakers called for the integration of a NCDs/health-oriented goal or objective in the post-2015 development agenda, including as a stand-alone goal.
Closing Session

The closing session was chaired by H.E. Mr. Mohamed Khaled Khiari, Vice-President of the General Assembly and included summaries delivered by the Chairperson of each of the two consecutive round tables.

Summary of Round Table 1 - Friday, 11 July 2014, 11:00 am – 1:00 pm, Trusteeship Council Chamber, UN Headquarters

“Strengthening national and regional capacities, including health systems, and effective multisectoral and whole-of-government responses for the prevention and control, including monitoring, of non-communicable diseases”

Chaired by: The Hon. Dr. Fenton Ferguson, Minister of Health, Jamaica

Situation analysis:
Member States expressed a deep respect for the 2011 Political Declaration and efforts by the Caribbean that brought the international community the first high-level meeting three years ago and the second high-level meeting today. Strong leadership and commitment is required at the highest level, as well as advocacy in promoting and advancing the NCD agenda.

Participants spoke of the importance of strengthening foods systems from production to consumption to prevent diet-related NCDs. Climate change has a significant effect on food systems in some countries. It is recognized that there is still a huge imbalance between prevention and treatment of NCDs. For example in the European Union, only 3 per cent of national health budgets are allocated for prevention, and 97 per cent are dedicated to cure.

There is now a growing international awareness that national policies in sectors other than health have a major bearing on the risk factors for NCDs. There are many illustrations of where health gains can be achieved much more readily by influencing public policies in sectors like trade, finance, taxation, education, agriculture, urban development, food and pharmaceutical production, than by making changes in health policy alone. Numerous examples exist where national authorities adopted approaches to the prevention and control of NCDs that involved all government departments and stakeholders beyond government. Examples from Argentina, Barbados, Chile, Congo, Costa Rica, Denmark, European Union, Federated States of Micronesia, Iran, Korea, Mexico, Nepal, Spain, and South Africa (UNAIDS, DDG, Centre for Science) illustrated successful initiatives on salt reduction, healthy food legislation to ensure health-in-all-policies, hypertension, diabetes, and obesity.

Opportunities:
- The good news is that there are immediate opportunities to strengthen national capacities. These include:
- National leaders can translate the dream of “the all pervasiveness of health” into a concrete national NCD action plan that unites government departments, civil society and the private sector around a common agenda. National leaders should establish as mandated in the 2011 Political Declaration a national high-level council or commission as shared by Iran.
- Develop clear messaging in relation to the myths surrounding NCDs similar to the HIV/AIDS response and underscore that prevention must be the cornerstone of national NCDs efforts.
- Map the national NCD epidemic so that it is no longer hidden, misunderstood and underreported. There is an immediate opportunity to strengthen national surveillance systems.
- Member States can engage with industry whilst remaining sensitive to potential conflicts of interest.
- Government, civil society and private sector are working together and more can be done in this area.
- Multisectoral actions for NCDs should involve programmes related to health literacy and advocacy, community mobilization, health system organization, as well as legislation and regulation. In particular, more legislation and regulation can reduce the impact of marketing of foods on children as we heard from Mexico.
- Strengthen research capacity to address NCDs, particularly in developing countries.
- Invest in strengthening the capacity of human capital in the health sector.
- Rethink funding as a key challenge in moving from commitment to action by establishing financial instruments at national and global levels, including those related to official development assistance (ODA).
- Continue to encourage the establishment of platforms for civil society (e.g. national NCD Alliance in South Africa) for advocacy, provision of services, mobilizing people on the ground and holding governments to account.

There are also global opportunities to strengthen national capacities, such as:
- Establish a global “countdown NCD 2025” initiative similar to countdown to 2015: maternal, newborn and child health care.
- Start to fund and equip the WHO global coordination mechanism on NCDs.
- Promote international solidarity among countries to ensure policy coherence between trade and health.
- Use opportunities for synergy between the unfinished business of the MDGs (e.g. HIV) and NCDs.

**Concrete recommendations:**
- Maintain strong leadership and commitment at the highest level.
- Conduct a review of international experience in the prevention and control of NCDs and identify and disseminate lessons learned.
– Include the prevention and control of NCDs as an integral part of work on national and global development agenda and related investment decisions.
– Establish coalitions of stakeholders (e.g. media, health care sector) around a common target (e.g. to reduce salt intake).
– Consider addressing tobacco use as an entry point for wider NCD work. In particular, include the use of tobacco taxes to increase the availability of domestic financing for NCD programmes.

Operationalization:
To strengthen capacities for whole-of-society efforts for NCDs, while taking into account the triple burden that most of us are facing. At the national level, we must now: set national targets for NCDs; ensure that prevention becomes a cornerstone of national NCD policies and plans; reform primary health care infrastructure and train and retrain the health workforce in all aspects of NCD response; increase public sector investment in addressing NCDs as a development priority, using domestic and international resources, including tobacco taxes, and including in human capital; and ensure policy coherence across government departments.

And at the global level: mainstream NCDs into relevant existing platforms e.g. scaling up response for nutrition (sun); scale up existing projects to a global level, e.g. global hypertension control project as shared by the Healthy Caribbean Coalition; ensure that NCDs have a prominent role in the post-2015 development agenda.

Summary of Round Table 2
Friday, 11 July 2014, 3:00 pm – 4:30 pm
Fostering and strengthening national, regional and international partnerships and cooperation in support of efforts to address non-communicable diseases
Trusteeship Council Chamber, UN Headquarters

Chaired by: Dr. Howard Koh, Assistant Secretary for Health, U.S. Department of Health and Human Services

Situation analysis:
There are lessons to be learned from existing UN conventions on internationally controlled medicines on how to foster international cooperation for NCDs by giving priority to the promotion of healthy lifestyles, regulation of medicines for NCDs, training of the health workforce, and preventing the medicalization of NCD efforts. Opportunities for synergies exist to address NCDs with treatment of drug addiction and mental health conditions.

The 2011 Political Declaration sets out clear roles for Member States, UN organizations (and other intergovernmental organizations), civil society and the private sector to address NCDs.
There are many examples illustrating these roles from Argentina, Canada, Denmark, Iran, Korea, Mexico, Niger, Norway, Spain, Suriname and Sweden.

There was a call for “Not more partnerships, but better results” and for rethinking the role of international resources for NCDs, because, “Coming together is the beginning, keeping together is progress, working together is success”.

Opportunities:
– There was a clear call to embrace a collaborative multisectoral approach for NCDs, ranging from the financial sector to entertainment.
– Coming together for a common objective around a common NCD agenda requires incentives. Possible incentives may include:
  ▪ For international actors: Establishment of a Global NCD Observatory (as part of the WHO Global Coordination Mechanism on NCDs), including “soft” accountability as well as various models of holding governments, civil society and the private sector accountable.
  ▪ For bilateral and multilateral donors: Funding instruments and OECD/DAC creditor reporting system code to track ODA for NCDs.
  ▪ For domestic partners: Establish high-level commission or domestic partnerships, including mainstreaming NCDs into health planning and development agendas.
  ▪ For health systems: Include into Universal Health Coverage (UHC) frameworks, mainstream NCDs into existing vertical programmes (e.g. hepatitis B, cervical cancer, and HIV/AIDS chronic care systems) and scale up chronic care models.
– We may benefit from stronger international regulatory frameworks to combat obesity (as suggested by Mexico), reduce the harmful use of alcohol (Korea).
– Taxes on tobacco and alcohol provide opportunities for domestic financing.
– Establish models to help countries calculate the cost of inaction versus action.
– The private sector can serve as a partner to improve access to affordable medicines for NCDs, e.g. by improving medical infrastructures in rural areas, increasing health literacy of vulnerable populations, mobile phones for adherence.
– Civil society also has a clear role to play (advocacy, service provision, providing a voice to people with NCDs) – but we need to strengthen this role (e.g. Denmark’s support to NCD Alliances in East Africa).

Concrete recommendations:
– Mobilize collective expertise on how to form multisectoral partnerships for NCDs and how to measure their impacts.
– These multisectoral partnerships for NCDs must focus on systemic issues, roster of partnerships, core competencies and core assets of each partner, and impact measurement. WHO’s “best buys” for NCDs should not be forgotten.
– Focus resource mobilization on generating domestic sources (e.g. tobacco taxes, alcohol taxes) and use the domestic proceeds to finance domestic health services.
– Include NGOs in official delegations to the World Health Assembly and the UN General Assembly, without jeopardizing their independence as a “watch dog”.
– Provide technical support to countries to calculate the cost of action versus inaction (return on investment), and establish a regulatory framework for NCDs.
– Position NCDs in the Post-2015 Development Agenda with the right vision.

**Operationalization:**
– **For Member States:** Implement the concrete steps included in the outcome document adopted at this high-level meeting.
– **For OECD/DAC:** Establish a creditor reporting system code to track ODA for NCDs and increase funding for NCD work.
– **For WHO and UN Task Force on NCDs:** Scale up activities to provide technical assistance to support national efforts, including training of the health workforce.
– **For civil society:** Increase advocacy and provision of services to complement government efforts.
– **For private sector:** Establish concrete partnerships in which private sector can engage.

**Closing remarks**

H.E. Mr. Mohamed Khaled Khiari, Vice-President of the General Assembly delivered closing remarks on behalf of the President, in which he summed up the key messages heard during the general debate. He recalled that the Outcome Document adopted on 10 July reminds all stakeholders that NCDs must be approached from all levels and angles, and along with other health issues, must be given strong consideration in negotiations on the Post-2015 Development Agenda.

After thanking participants, the Vice-President urged everyone to keep attention focused for the Secretary-General’s report to be issued by the end of 2017 on implementation of both the Outcome Document adopted on 10 July 2014 and the 2011 Political Declaration, and the comprehensive review of progress on NCDs to take place in 2018.